KITTITAS COUNTY
KEY HEALTH INDICATOR REPORT

SEPTEMBER 2007

PUBLIC HEALTH

ALWAYS WORKING FOR A SAFER AND HEALTHIER KITTITAS COUNTY

PUBLIC HEALTH DEPARTMENT

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September 20, 2007

Dear Citizens of Kittitas County,

We at the Kittitas County Public Health Department (KCPHD) have a mission to protect and promote the health and the environment of the people of Kittitas County. We do this through the provision of a variety of programs and services, many of which you and your family rely upon every day.

The first *Kittitas County Key Health Indicator Report* sets the baseline that will enable us to track the impact of our programs and services.

The indicators selected for this report were developed through an inclusive and multi-faceted process. First, program staff in the KCPHD developed an exhaustive list of possible indicators, which was subsequently narrowed by the Board of Health Advisory Committee and the Department Management Team. The efficacy of the remaining indicators was verified by Community Health Assessment staff, and finally approved by the Board of Health. This final list also includes the 32 state selected Key Health Indicators. We hope this process ensures a useful report for a wide group of people, including public health staff, community partners, policy makers, invested citizens, and others.

Internally, this report will help the Department Management Team make programmatic and budgetary decisions, and will guide the program work of KCPHD staff. Over the years, as this report is updated to identify trends, we will use the data to identify areas of success and additional need. This report will be updated every two years as new data become available.

We hope you will join us in our quest for a safer and healthier Kittitas County, and that this *Kittitas County Key Health Indicators Report* is useful to you in this mission.

Sincerely,

Mark Larson M.D.

Mark Larson, MD
Health Officer

Dr. Mark Larson, Health Officer

"According to the World Health Organization; Health is a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity. The Key Health Indicator report reflects the multiple factors that contribute to the health of residents in Kittitas County."

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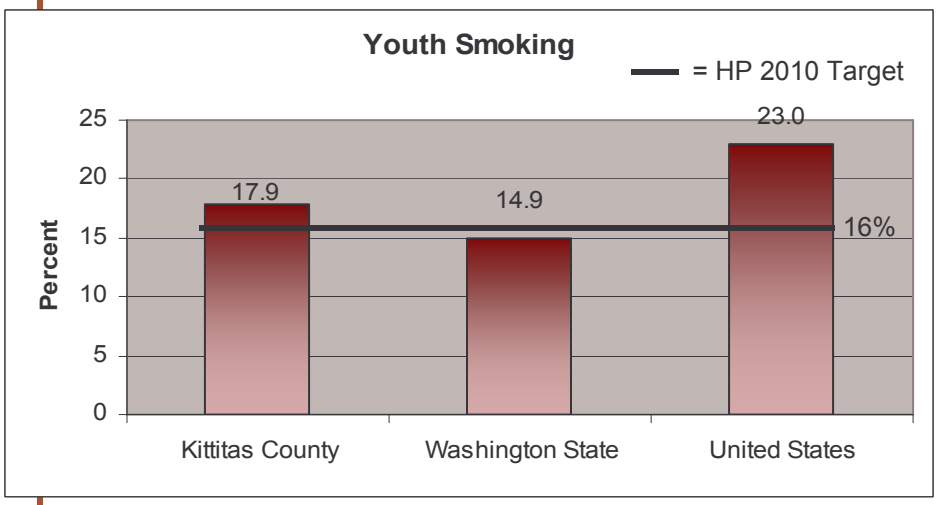
BEHAVIORAL RISK FACTORS

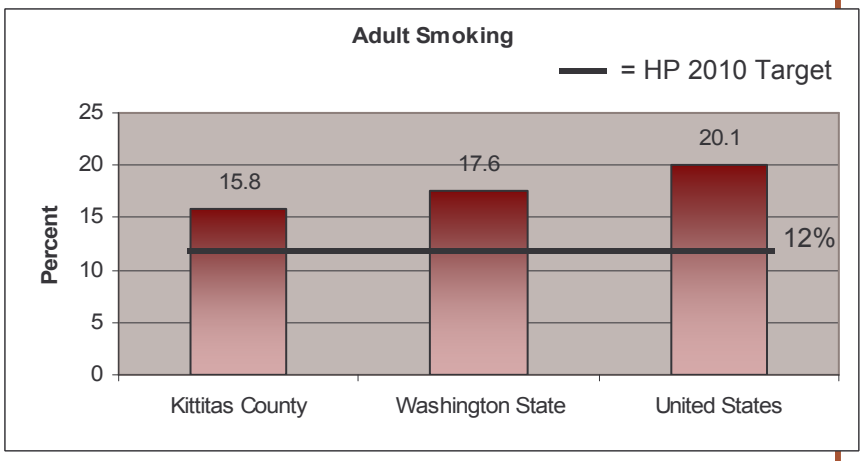
Youth Smoking: NOT MET ☹

This is a measure of 10th graders who report smoking in the last 30 days. The rate in Kittitas County (17.9%)[1] is higher than the state rate (14.9%)[1], but lower than the national average (23%).[1] Kittitas County has not met the Healthy People 2010 Target of 16%.[59]

Although tobacco companies are not legally allowed to advertise to youth, most long-time smokers become addicted to tobacco before their 18th birthday. Educating and empowering youth to avoid smoking will reduce the number of smokers, and the number of smoking-related deaths in the future.



Adult Smoking: NOT MET ☹



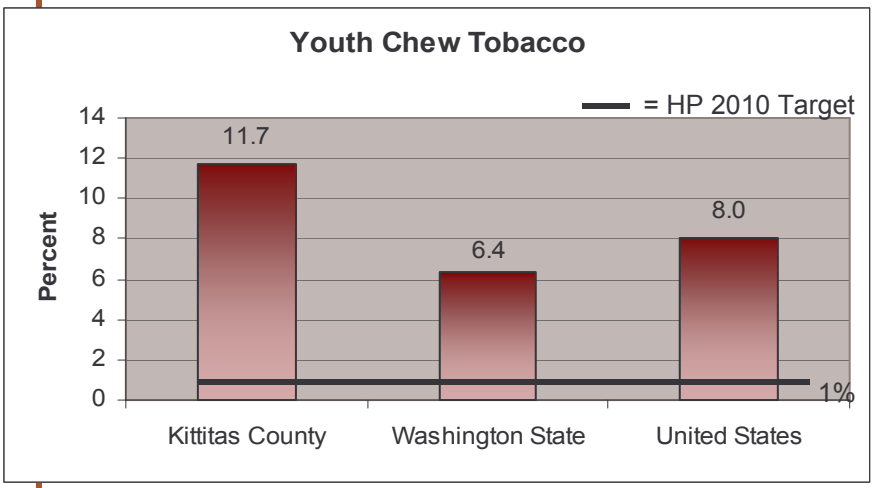
This is a measure of adults who reported smoking in the last 30 days. The rate in Kittitas County (15.8%)[2] is lower than the state rate (17.6%)[2], and the national average (20.1%).[2] Kittitas County has not met the Healthy People 2010 Target of 12%.[59]

Adult smoking rates are impacted by the number of adults who started smoking in their youth and by the number who have quit. As fewer youth start smoking, and more adults quit, the adult smoking rate should decrease.

Youth Chew Tobacco: NOT MET ☹

This is a measure of 10th graders who report using chewing (smokeless) tobacco in the last 30 days. The rate in Kittitas County (11.7%)[3] is higher than the Washington State (6.4%)[3] and the national averages (8%).[3] Kittitas County has not met the Healthy People 2010 Target of 1% chew tobacco use among 10th grade students.[59]

Chewing tobacco has the same addictive and carcinogenic properties as cigarettes, but in a different form. There is no "safe" tobacco.



BEHAVIORAL RISK FACTORS

Behavioral risk factors are actions taken by an individual that impact his or her health in the future. Smoking, diet, exercise, drug use, and binge drinking are all behaviors that hold significant health impacts. By engaging in healthy habits, individuals can increase the likelihood of good health in the future. Conversely, by engaging in poor health habits, individuals can decrease the likelihood of good health in the future.

Tobacco use is the most common, and preventable, cause of death. Causing a long list of health problems from heart disease to cancer, nationally 1,200 people die every day from tobacco use (http://tobaccofreekids.org/research/). There is no safe form or amount of tobacco. It is much easier to avoid starting tobacco use than to quit after becoming addicted.

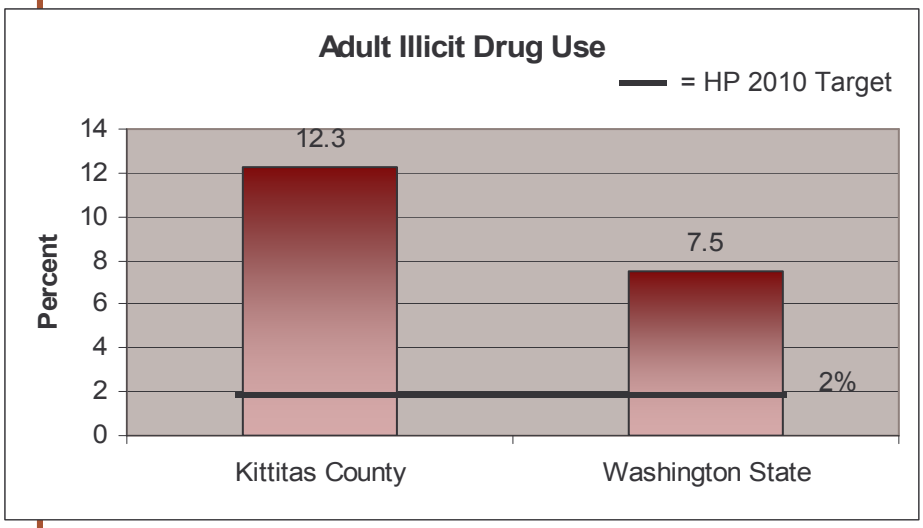
Indicator		Youth Smoking	Adult Smoking	Youth Chew Tobacco
Source		Healthy Youth Survey	BRFSS	Health Youth Survey
		2006	2005	2006
Total				
	Kittitas County	17.9%	15.8%	11.7%
	Washington State	14.9%	17.6%	6.4%
	United States	23.0%	20.1%	8.0%
	HP 2010 Target	16.0%	12.0%	1.0%
Age				
	18-34		18.0%	
	35-44			
	45-64		18.5%	
	65+		3.1%	
Sex				
	Male	14.1%	14.8 %	16.4%
	Female	21.3%	16.7%	2.2%
Income				
	<=100 - 200% FPL		19.9%	
	>200% FPL		12.5%	
Education				
	0 - 12 years (up to high school graduate)		21.0%	
	12+ years (some college, college graduate,		13.3%	
Race				
	Caucasian	19.0%		9.8%
	Hispanic	4.8%		0.0%
Location				
	Upper County	20.0%		12.0%
	Lower County	17.0%		7.7%

BEHAVIORAL RISK FACTORS

Adult Illicit Drug Use: NOT MET ☹

This is a measure of adults at 200% of the federal poverty level or below who report using any illicit drug in the last 30 days. More adults report using illicit drugs in Kittitas County (12.3%)[4] compared to the Washington State rate (7.5%).[4] Kittitas County has not met the Healthy People 2010 Target of 2.0% illicit drug use among adults.[59] This target measures the whole adult population, not just those at 200% of the federal poverty level or below.

This data is only available for adults living at 200% of the federal poverty level or below, which in 2003, the most recent data year, was a household income of $37,620 or less for a family of four. (DSHS 2007)

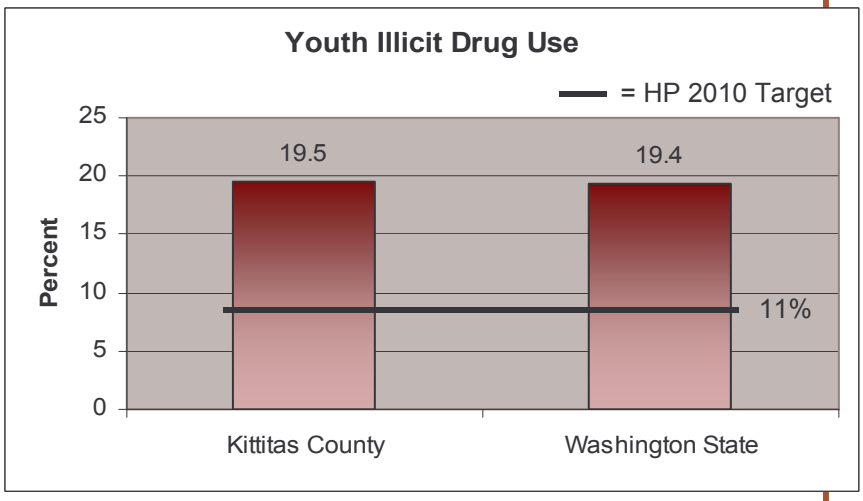


Youth Illicit Drug Use: NOT MET ☹

This is a measure of 10th grade self reported illicit drug use in the last 30 days.

Among Kittitas County youth, 19.5% report using illicit drugs in the last 30 days,[5] similar to the 19.4% of youth across Washington State who report the same.[5] Kittitas County has not met the Healthy People 2010 Target of 11% use among 10th graders.[59]

Tenth grade illicit drug use is an important key health indicator, as drug use at an early age is directly related to poor school performance, increased chance of addiction, and other risky behaviors.



BEHAVIORAL RISK FACTORS

Behavioral risk factors are actions taken by an individual that impact his or her health in the future. Smoking, diet, exercise, drug use, and binge drinking are all behaviors that hold significant health impacts. By engaging in healthy habits, individuals can increase the likelihood of good health in the future. Conversely, by engaging in poor health habits, individuals can decrease the likelihood of good health in the future.

All survey data is self-reported. Illicit drug use is expensive and detrimental to one's health, and increases the likelihood of engaging in other risky behaviors while under the influence of the drug. Kittitas County has a higher adult drug use rate than Washington, although illicit drug use among youth is similar. One in five youth report current illicit drug use in both Kittitas County and Washington State.

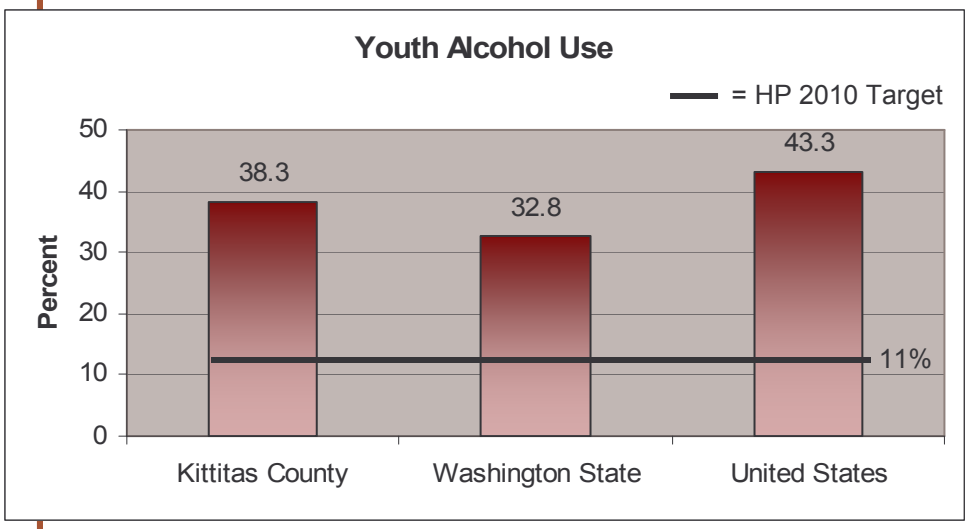
Indicator		Adult Illicit Drug Use	Youth Illicit Drug Use
Source		DSHS	Health Youth Survey
		2003	2006
Total			
	Kittitas County	12.3%	19.5%
	Washington State	7.5%	19.4%
	United States	n/a	n/a
	HP 2010 Target	2.0%	11.0%
Sex			
	Male		17.9%
	Female		20.6%
Race			
	Caucasian		19.5%
	Hispanic		19.0%
Location			
	Upper County		20.0%
	Lower County		19.3%

BEHAVIORAL RISK FACTORS

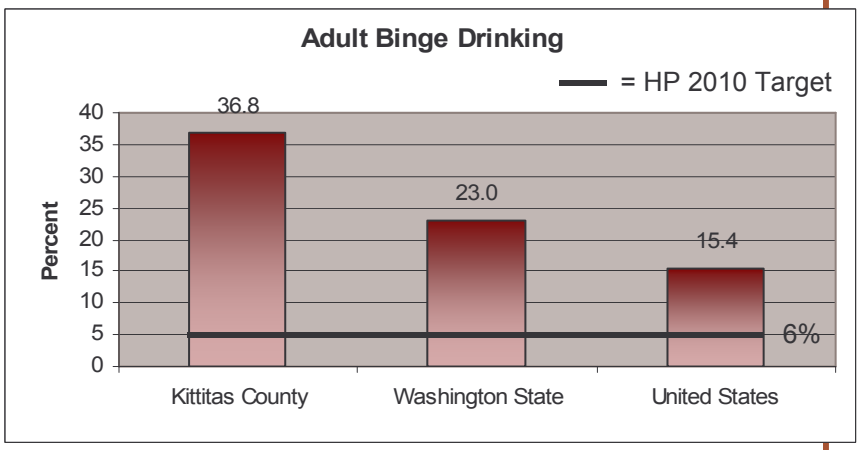
Youth Alcohol Use: NOT MET ☹

This indicator is a measure of 10th graders who report drinking more than a sip of alcohol in the last 30 days. More youth report drinking in Kittitas County (38.3%)[6] than in Washington State (32.8%),[6] but both locales have lower youth drinking rates than the national average (43.3%).[6] Kittitas County has not met the Healthy People 2010 Target of 11% youth alcohol use.[59]

Alcohol use as a youth increases the risk of addiction later in life, and participation in risky behaviors while under the influence.



Adult Binge Drinking: NOT MET ☹



This indicator is a measure of adults who report binge drinking in the last 2 weeks.

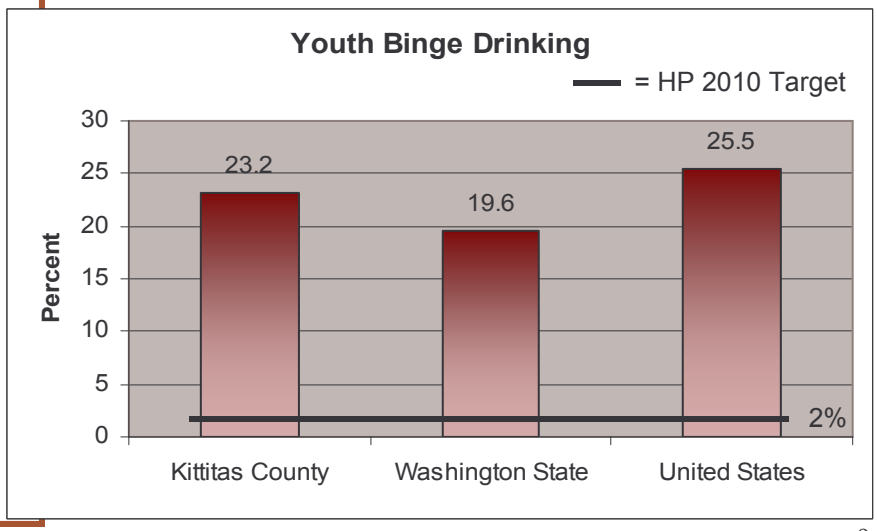
Binge drinking is defined as five or more drinks in one sitting. A drink is 12 ounces of beer, 6 ounces of wine, or 1 ounce of hard liquor.

More adults in Kittitas County report binge drinking (36.8%)[7] than in Washington State (23.0%)[7] or the United States (15.4%).[7] Kittitas County has not met the Healthy People 2010 Target of 6% binge drinking among adults.[59]

Youth Binge Drinking: NOT MET ☹

This indicator measures 10th graders who reported binge drinking in the last 2 weeks. Binge drinking is defined as five or more drinks (12oz beer, 6oz wine, 1oz hard liquor) in one sitting.

More 10th graders report binge drinking in Kittitas County (23.2%)[8] than across the state (19.6%),[8] but both geographic areas report lower rates than the national rate of 25.5% youth binge drinking in the last 30 days.[8] Kittitas County has not met the Healthy People 2010 Target of 2% binge drinking among 10th graders.[59]



BEHAVIORAL RISK FACTORS

Behavioral risk factors are actions taken by an individual that impact his or her health in the future. Smoking, diet, exercise, drug use, and binge drinking are all behaviors that hold significant health impacts. By engaging in healthy habits, individuals can increase the likelihood of good health in the future. Conversely, by engaging in poor health habits, individuals can decrease the likelihood of good health in the future.

The use and abuse of alcohol in one's youth increases the chances of that individual developing problems with alcohol use and abuse later in life. Adults 18-44 years are significantly more likely to binge drink than older adults. Binge drinking in Kittitas County, 36.75% of adults, is also significantly higher than the state average of 23.0%. The college population is included in these data, which may contribute to the high binge drinking rate in Kittitas County.

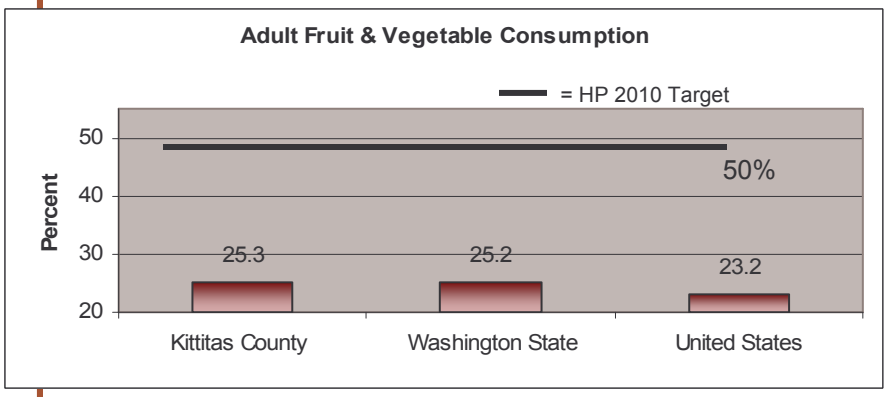
Indicator		Youth Alcohol Use	Adult Binge Drinking	Youth Binge Drinking
Source		Healthy Youth Survey	BRFSS	Healthy Youth Survey
		2006	2005	2006
Total				
	Kittitas County	38.3%	36.75%	23.2%
	Washington State	32.8%	23.0%	19.6%
	United States	43.3%	15.4%	25.5%
	HP 2010 Target	11.0%	6.0%	2.0%
Age				
	18-44		49.4%	
	35-44			
	45-64		16.8%	
	65+			
Sex				
	Male	42.5%	42.6%	25.0%
	Female	34.1%	30.6%	20.8%
Income				
	<=100 - 200% FPL		46.1%	
	>200% FPL		29.3%	
Education				
	0 - 12 years (up to high school graduate)		43.6%	
	12+ years (some college, college graduate, or higher)		34.3%	
Race				
	Caucasian	39.6%		24.4%
	Hispanic	28.6%		0.0%
Location				
	Upper County	42.4%		28.9%
	Lower County	37.1%		20.4%

BEHAVIORAL RISK FACTORS

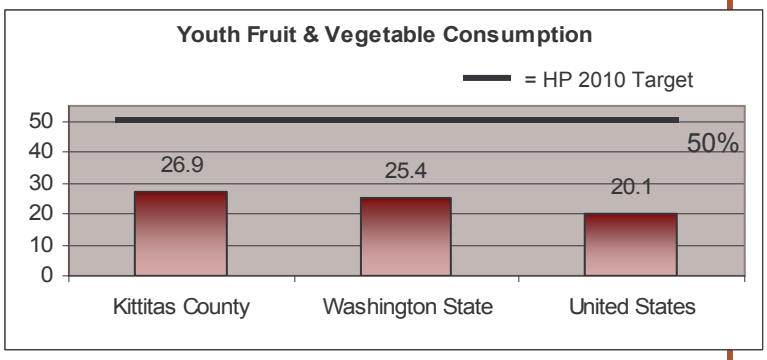
Adult Fruit & Vegetable Consumption: NOT MET ☹

This indicator measures the percent of adults who report eating five or more servings of fruit and vegetables per day.

The rate of adults eating fruits and vegetables in Kittitas County (25.3%)[9] is similar to Washington State (25.2%)[9] and the United States (23.2%).[9] Kittitas County has not met the Healthy People 2010 Target of 50.0%.[59]



Youth Fruit & Vegetable Consumption : NOT MET ☹



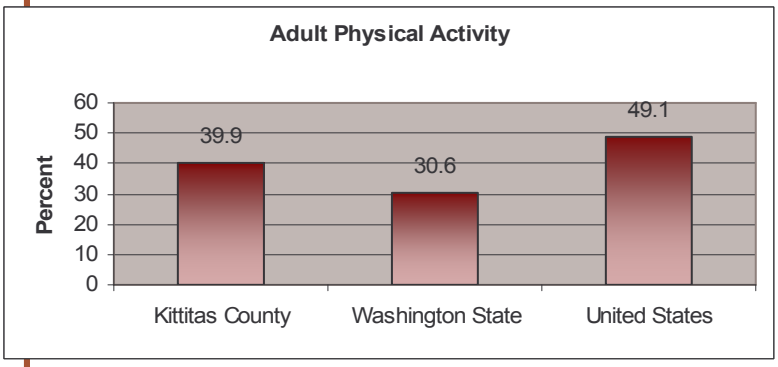
This indicator measures the percentage of 10th graders who report eating five or more servings of fruit and vegetables per day in the last week.

Slightly more youth in Kittitas County report eating sufficient fruits and vegetables (26.9%)[10] compared to Washington State (25.4%)[10] and the United States (20.1%).[10] Kittitas County has not met the Healthy People 2010 Target of 50%.[59]

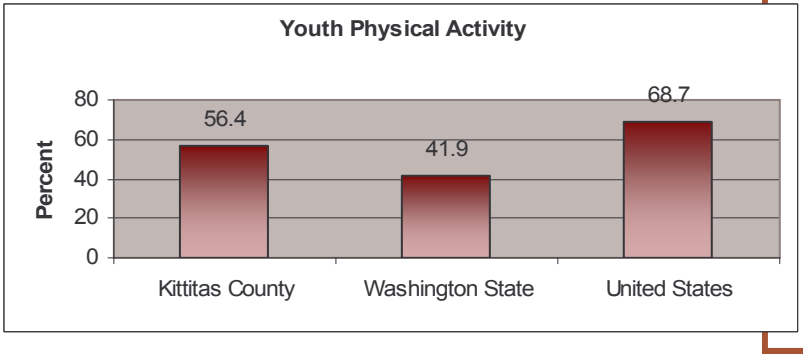
Adult Physical Activity

This is a measure of adults who report participating in either moderate physical activity defined as 30 or more minutes per day for 5 or more days per week, or vigorous activity for 20 or more minutes per day on 3 or more days.

More adults in Kittitas County (39.9%)[11] participate in physical activity than Washington State (30.6%).[11] The national rate is 49.1%.[11] There is no Healthy People 2010 Target for this indicator.



Youth Physical Activity



This is a measure of 10th graders who report being physically active for 60 minutes or more on 5 or more days each week. More 10th graders are physically active in Kittitas County (56.4%)[12] than in Washington State (41.9%),[12] although both are lower than the national average (68.7%).[12] There is no Healthy People 2010 Target for this indicator.

BEHAVIORAL RISK FACTORS

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Obesity is a rising problem in the United States today, and the easiest way to prevent and reduce the incidence of obesity is by eating a healthy diet and engaging in physical activity. Significantly more adults in Kittitas County are physically active than adults across Washington State. Adults with more than a high school education are also significantly more likely to be physically active than adults with a high school diploma or less. Adults with an income of 200% of the federal poverty level or less are significantly less likely to eat sufficient fruits and vegetables each day. Hispanic students also eat significantly fewer fruits and vegetables than their Caucasian counterparts.

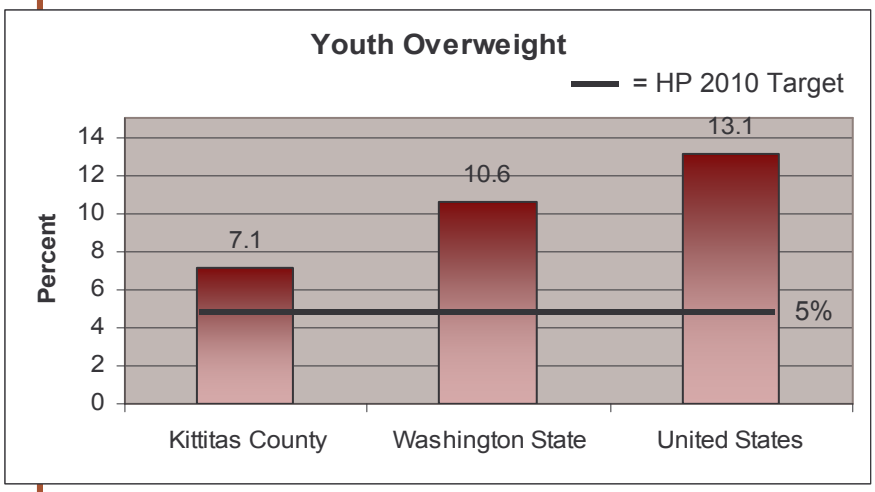
Indicator		Adult Fruit & Vegetable Consumption	Youth Fruit & Vegetable Consumption	Adult Physical Activity	Youth Physical Activity
Source		BRFSS	Healthy Youth Survey	BRFSS	Healthy Youth Survey
		2005	2006	2005	2006
Total					
	Kittitas County	25.3%	26.9%	39.9%	56.4%
	Washington State	25.2%	25.4%	30.6%	41.9%
	United States	23.2%	20.1%	49.1%	68.7%
	HP 2010 Target	50.0%	50.0%	n/a	n/a
Age					
	18-44	23.0%		42.1%	
	45-64	25.8%		43.0%	
	65+	32.4%		25.4%	
Sex					
	Male	23.4%	51.5%	42.7%	62.3%
	Female	26.8%	42.2%	37.6%	50.0%
Income					
	<=100 - 200% FPL	16.8%		34.3%	
	>200% FPL	32.5%		44.8%	
Education					
	0 - 12 years (up to high school graduate)	18.4%		28.3%	
	12+ years (some college, college graduate,	28.8%		45.7%	
Race					
	Caucasian		47.0%		56.3%
	Hispanic		46.2%		57.1%
Location					
	Upper County		43.6%		65.0%
	Lower County		48.4%		52.7%

BEHAVIORAL RISK FACTORS

Youth Overweight: NOT MET ☹

This is a measure of 10th graders who are overweight, that is, in the top 5% for body mass index by age and gender based on growth charts developed by the Centers for Disease Control and Prevention (2000).

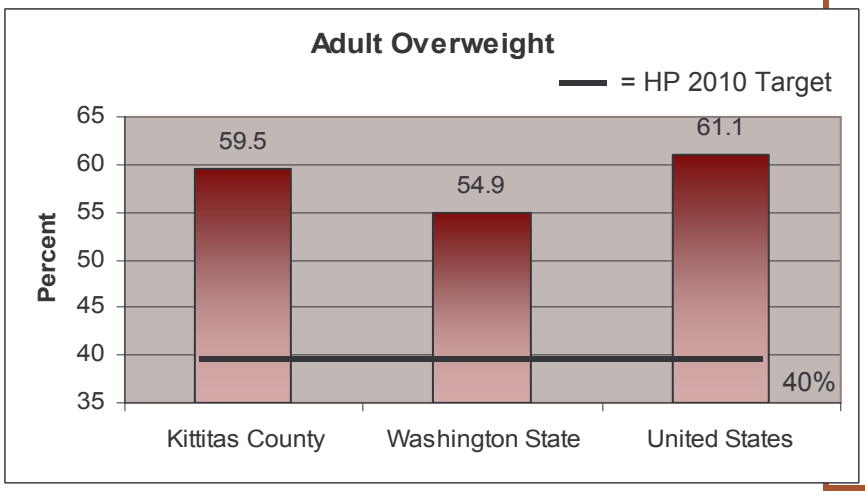
Fewer youth are overweight in Kittitas County (7.1%)[13] than Washington (10.6%)[13] and the United States (13.1%).[13] Kittitas County has not met the Healthy People 2010 Target of 5% overweight among 10th graders.[59]



Adult Overweight and Obese: NOT MET ☹

This is a measure of adult self-reported height and weight, later calculated into Body Mass Index, or BMI. Adults with a BMI above 25 are considered overweight, those over 30 are considered obese.

Fewer adults in Kittitas County (59.5%)[14] and Washington State (54.9%)[14] are overweight or obese than the national rate (61.1%).[14] Kittitas County has not met the Healthy People 2010 Target of 40% adult overweight and obesity.[59]



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Obesity is one of the largest health threats facing our nation today. For youth, overweight is defined as having a Body Mass Index, or BMI, in the top 5% for one's age.[13] BMI is a calculation of the ratio between an individual's height and weight. There is not an obese category for youth. For adults, overweight is defined as a BMI between 25 and 29.9, and obese is a BMI of 30.0 or more. Obesity has been linked with heart disease, high blood pressure, and a variety of other medical conditions, some life threatening. The safest way to reduce and avoid obesity is through diet and exercise. In Kittitas County, significantly more youth are overweight in Upper County than Lower County. Adult men are also significantly more likely to be overweight or obese than women.

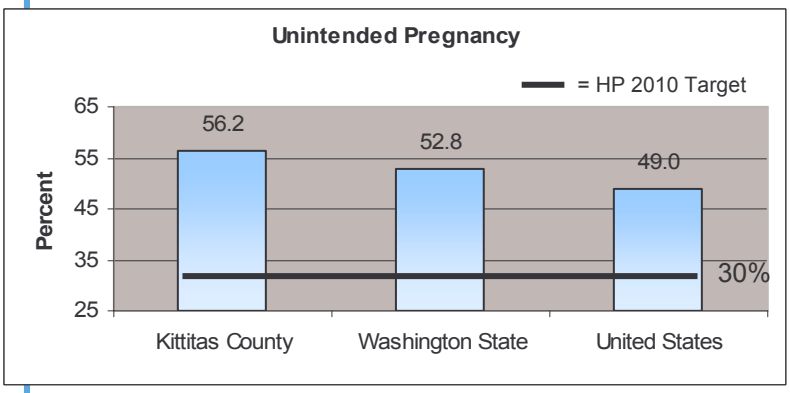
Indicator		Youth Overweight	Adult Obese & Overweight
Source		Healthy Youth Survey	BRFSS
		2006	2005
Total			
	Kittitas County	7.1%	59.5%
	Washington State	10.6%	54.9%
	United States	13.1%	61.1%
	HP 2010 Target	5.0%	40.0%
Age			
	18-44		53.3%
	45-64		64.9%
	65+		58.4%
Sex			
	Male	6.2%	67.7%
	Female	8.2%	43.0%
Income			
	<=100 - 200% FPL		57.7%
	>200% FPL		52.6%
Education			
	0 - 12 years (up to high school graduate)		55.2%
	12+ years (some college, college graduate, or higher)		54.8%
Race			
	Caucasian	7.8%	
	Hispanic	0.0%	
Location			
	Upper County	7.9%	
	Lower County	6.8%	

MATERNAL & CHILD HEALTH

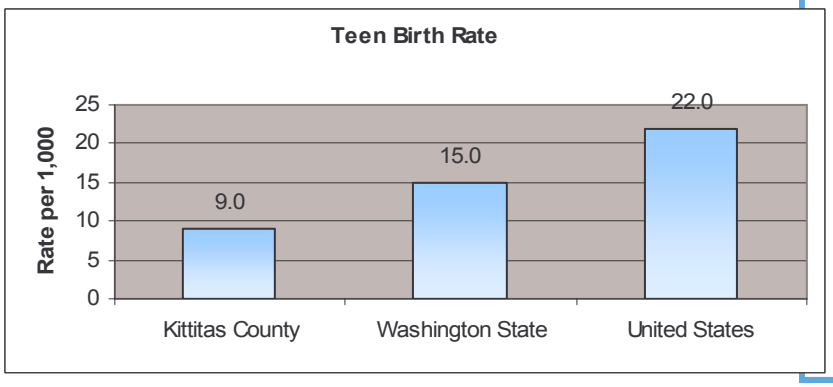
Unintended Pregnancy: NOT MET ☹

This is a measure of pregnancies that are mistimed (wanted to get pregnant later) or unintended (did not want to be pregnant ever).

Kittitas County has a higher rate of unintended pregnancy (56.2%)[15] than Washington State (52.8%)[15] and the nation (49%)[15]. Kittitas County has not met the Healthy People 2010 Target of 30% unintended pregnancies.[59]



Teen Birth Rate



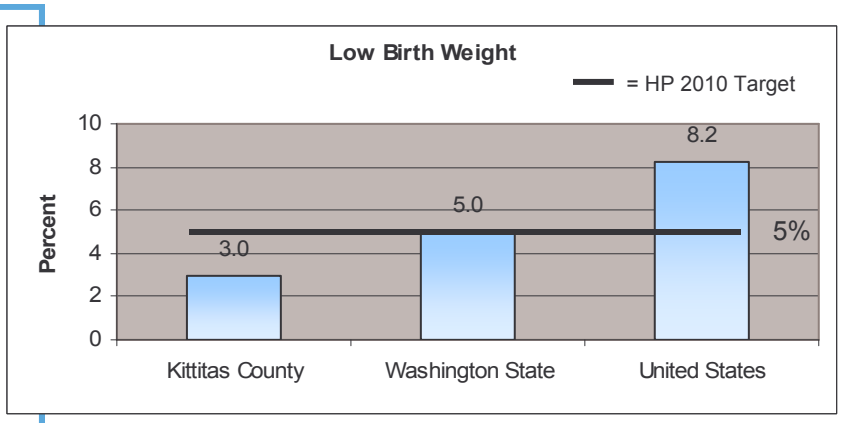
This is a measure of teens (15-17 year old females) giving birth for every 1,000 women aged 15-17.

Kittitas County has a lower teen birth rate (9.0%)[16] than Washington (15.0%)[16] and the United States (22.0%).[16] There is no Healthy People 2010 Target for this indicator.[59]

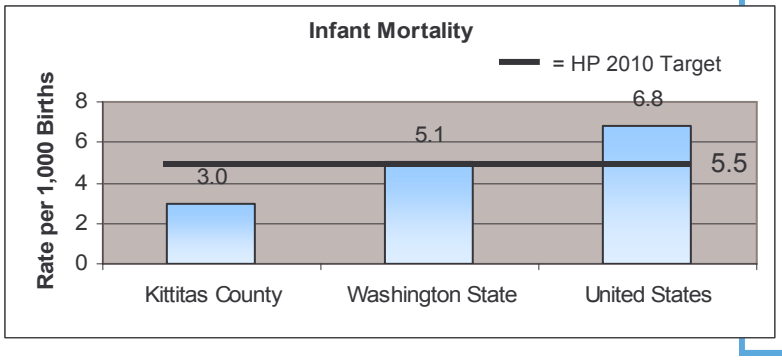
Low Birth Weight: MET ☺

This is a measure of singleton babies born weighing 5.5 pounds or less.

Kittitas County has fewer low birth weight babies (3.0%)[17] than Washington (5.0%)[17] and the United States (8.2%).[17] Kittitas County has met the Healthy People 2010 Target of 5% low birth weight babies.[59]



Infant Mortality: MET ☺



This is a measure of infant deaths for every 1,000 live births.

Kittitas County has a lower rate of infant mortality (3.0%)[18] than both Washington State (5.1%)[18] and the U.S. (6.8%).[18] Kittitas County has met the Health People 2010 Target of 5.5% infant mortality.[59]

MATERNAL & CHILD HEALTH

Some of the most important determinants in an individual's health are set before birth. By avoiding alcohol and tobacco during pregnancy a woman increases the chance that her child will be healthy at birth and later in life.[59] Similarly, by eating a good diet and breastfeeding after childbirth, a woman can further increase the likelihood that her child will live a long healthy life.[59]

Intended pregnancies generally have better birth outcomes than unintended pregnancies. More than half of pregnancies in Kittitas County were unintended. In Kittitas County, the infant mortality rate is very variable because the county has such a small population base. One additional, or one fewer, infant death will change the rate dramatically. Currently, Kittitas County has one of the lowest teen birth rates in Washington State.[16]

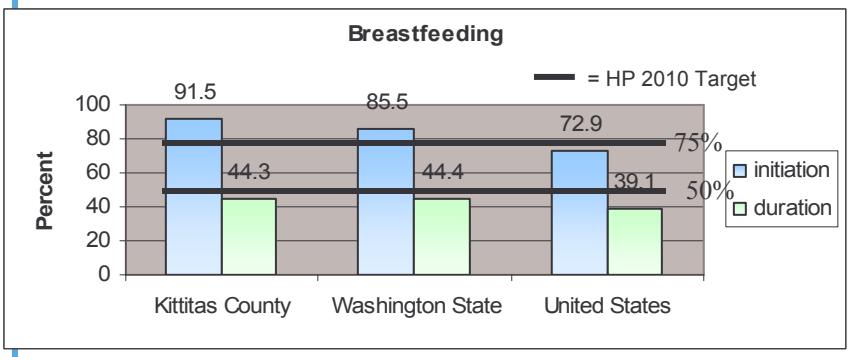
Indicator		Unintended Pregnancies	Teen Birth Rate	Low Birth Weight	Infant Mortality
Source		DSHS	DOH, CDC	DOH, CDC	VistaPHw
		2006	2003-2005	2003-2005	2005
Total					
	Kittitas County	56.2%	9.0 per 1,000	3.0%	3.0 per 1,000
	Washington State	52.8%	15.0 per 1,000	5.0%	5.1 per 1,000
	United States	49.0%	22.0 per 1,000	8.2%	6.8 per 1,000
	HP 2010 Target	30.0%	n/a	5.0%	4.5 per 1,000
Age					
	0-9				n/a
	10-17				0.0 per 1,000
	18-34				3.4 per 1,000
	35-44				0.0 per 1,000
	45-64				n/a
	65+				n/a
Race					
	Caucasian				3.1 per 1,000
	Hispanic				0.0 per 1,000

MATERNAL & CHILD HEALTH

Breastfeeding: MET and NOT MET

This is a measure of mothers in the WIC program who initiate breastfeeding, and those who continue at least six months.

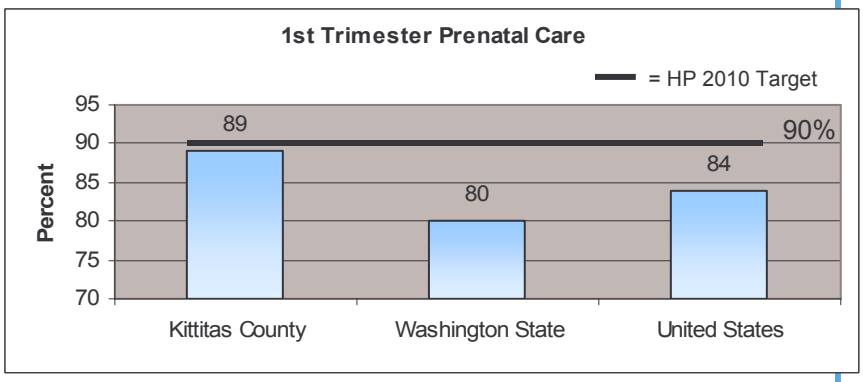
Kittitas County has a higher rate of initiation (91.5%)[19] than Washington State (85.5%)[19] and the nation (72.9%),[19] and a similar rate of duration (44.3%)[19] compared to the state (44.4%)[19] but higher than the nation (39.1%).[19] Kittitas County has met the Healthy People 2010 Target of 75% for initiation, but not the Target of 50% duration.



Prenatal Care : NOT MET ☹

This is a measure of women receiving prenatal care during the first trimester of pregnancy.

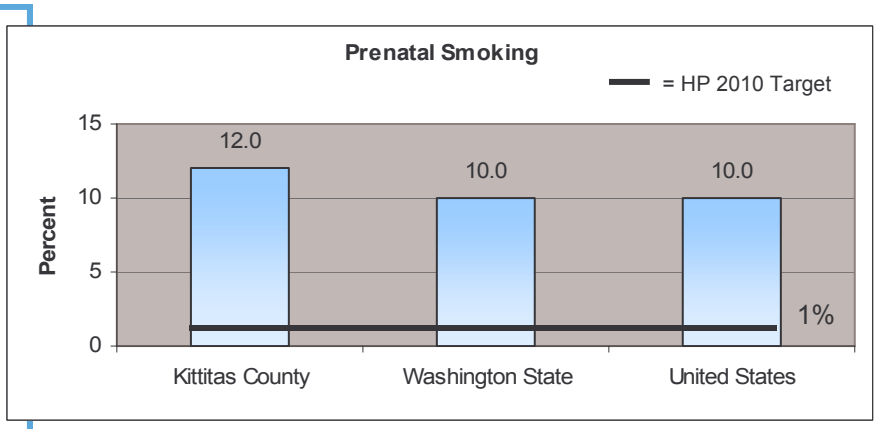
More women in Kittitas County receive prenatal care (89.0%)[20] than in Washington (80.0%)[20] or the United States (84.0%).[20] Kittitas County has not met the Healthy People 2010 Target of 90.0% prenatal care during the first trimester among all pregnant women.[59]



Prenatal Smoking: NOT MET ☹

This is a measure of pregnant women who smoke during the 2nd and 3rd trimesters of their pregnancy.

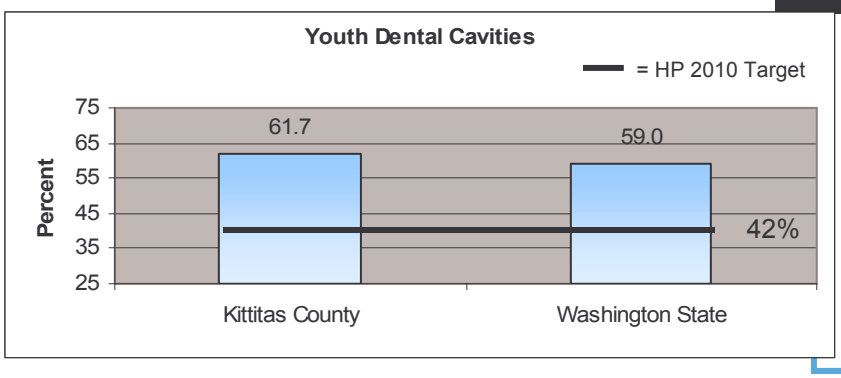
More women in Kittitas County smoke during pregnancy (12.0%)[21] than in Washington State (10.0%)[21] or the United States (10.0%).[21] Kittitas County has not met the Healthy People 2010 Target of 1% maternal smoking in the 2nd and 3rd trimesters.[59]



Youth Dental Cavities: NOT MET ☹

This is a measure of the 2nd and 3rd graders who have ever had one or more dental cavities.

More kids in Kittitas County report dental cavities (61.7%)[22] than in Washington State (59.0%).[22] National data are not available. Kittitas County has not met the Healthy People 2010 Target of 42.0% dental cavities among 2nd and 3rd graders.[59]



MATERNAL & CHILD HEALTH

Some of the most important determinants in an individual's health are set before birth. By smoking or drinking during pregnancy a woman can greatly increase the chance that her child will have health problems later in life. Similarly, by breastfeeding after childbirth, a woman can further increase the likelihood that her child will grow up in good health.

Research has shown numerous benefits of breastfeeding for both the mother and the baby, benefits that increase if breastfeeding continues at least 6 months. Early prenatal care, within the first 3 months of becoming pregnant, is a determinant of positive birth outcomes.[59] The earlier a woman knows she is pregnant, the sooner she can modify her behavior, if needed, to promote her health and the health of her baby.

Dental cavities are a sign of insufficient oral health care. Oral health habits, such as brushing and flossing daily, are often solidified in childhood. Measuring the number of 2nd and 3rd grade students who have cavities is an effective way of identifying population groups in need of additional oral health education and resources.

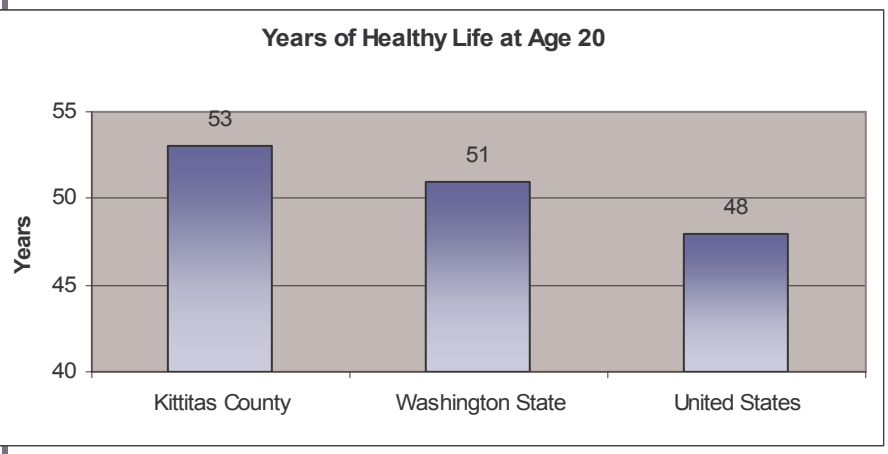
Indicator		Breastfeeding Initiation	Breastfeeding Duration	Prenatal Care in 1st Trimester	Smoking in 2nd and 3rd Trimesters	2nd & 3rd Graders with Dental Cavities
Source		DSHS	DSHS	DOH, CDC	DOH, CDC	Smile Survey
		2004	2004	2003-2005	2003-2005	2005
Total						
	Kittitas County	91.5%	44.3%	89.0%	12.0%	61.7%
	Washington State	85.5%	44.4%	80.0%	10.0%	59.0%
	United States	72.9%	39.1%	84.0%	10.0%	n/a
	HP 2010 Target	75.0%	50.0%	90.0%	1.0%	42.0%

Years of Healthy Life

This is a measure of additional years a 20 year-old is expected to live in good, very good, or excellent health.

Kittitas County 20 year olds are predicted to live more years of healthy life (53 years)[23] than their counterparts in Washington State (51 years)[23] or the United States (48 years).[23] There is no Healthy People 2010 Target for this indicator.

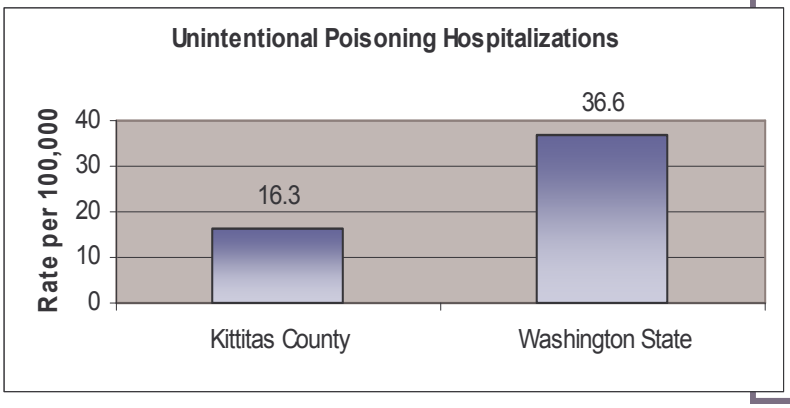
Years of healthy life is often used as a measure of quality of life.



Unintentional Poisonings

This is a measure of hospitalizations due to unintentional poisonings, which includes accidental overdoses of alcohol, drugs, or other ingested poisons.

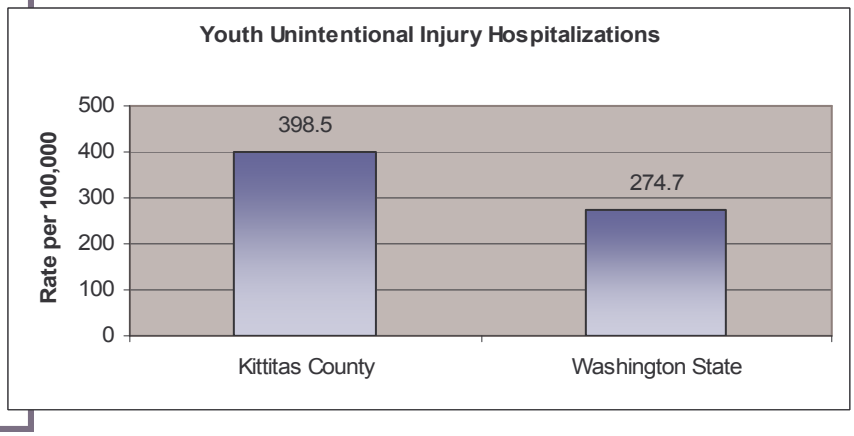
There are fewer unintentional poisoning hospitalizations in Kittitas County (16.3 per 100,000 population)[24] than Washington State (36.6 per 100,000).[24] No national data is available for this indicator, and there is no Healthy People 2010 Target.



Youth Unintentional Injuries

This is a measure of unintentional injury hospitalizations among youth 0-17 years old. Unintentional injuries can often be prevented.

There are more youth unintentional injury hospitalizations in Kittitas County (398.5 per 100,000)[25] than in Washington State (274.7 per 100,000).[25] There is no national data available for this indicator, and there is no Healthy People 2010 Target .



DEATH, ILLNESS, AND INJURY

Death, illness, and injury indicators track the health of our community. Efforts to improve quality of life may impact death, illness, and injury rates. However, it is important to keep in mind that hospitalization data only capture the most severe cases that require inpatient treatment, thus under-estimating the true burden in our community.

Unintentional injury is the second leading cause of hospitalization in Kittitas County, following childbirth. Included in this category are motor vehicle crashes, drowning, falls, burns, etc. Unintentional injuries are considered preventable through personal, community, or system changes. Unintentional poisoning is a broad category. Ingesting too much of any substance, like alcohol or pain medication, could be considered an unintentional poisoning. Unintentional poisoning hospitalizations are highest among the 18-34 and 65+ age groups.

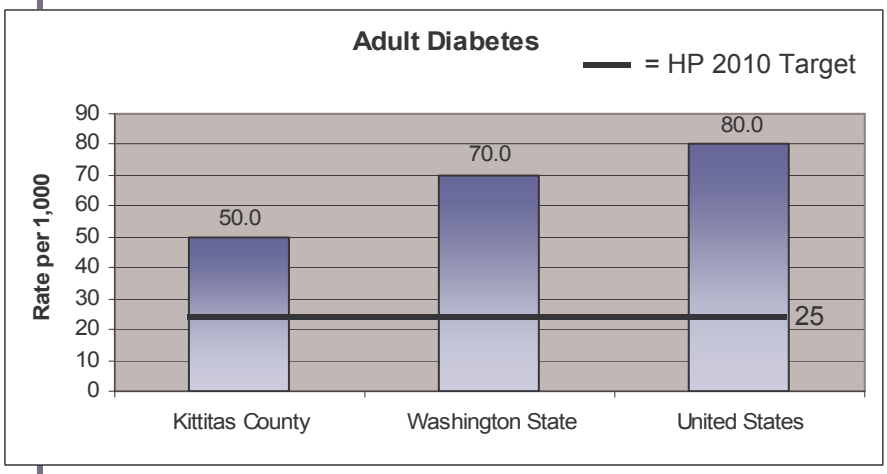
Indicator		Expected Years of Healthy Life at Age 20	Unintentional Poisoning Hospitalizations	Youth Unintentional Injury Hospitalizations
Source		DOH, CDC	VistaPHw	VistaPHw
		2003-2005	2005	2005
Total				
	Kittitas County	53 years	16.3 per 100,000	398.5 per 100,000
	Washington State	51 years	36.6 per 100,000	274.7 per 100,000
	United States	48 years	n/a	n/a
	HP 2010 Target	n/a	n/a	n/a
Age				
	0-9			398.5 per 100,000
	10-17			
	18-34		32.9 per 100,000	
	35-44		0.0 per 100,000	
	45-64		11.3 per 100,000	
	65+		46.9 per 100,000	
Sex				
	Male		21.8 per 100,000	529.4 per 100,000
	Female		13.0 per 100,000	261.9 per 100,000

DEATH, ILLNESS, AND INJURY

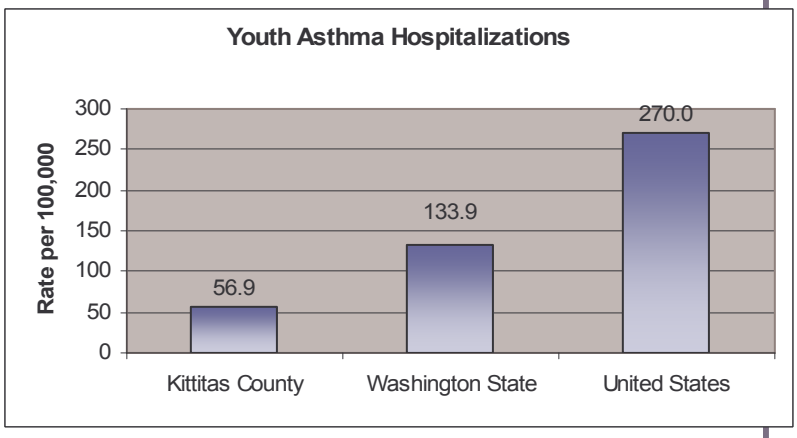
Adult Diabetes: NOT MET ☹

This is a measure of adults who have ever been told by their doctor that they have diabetes. This does not include people who have been told that they are pre-diabetic, borderline diabetic, or women who experienced diabetes only during pregnancy.

Fewer Kittitas County adults have diabetes (50.0 per 1,000)[26] than adults in Washington State (70.0 per 1,000)[26] or the United States (80.0 per 1,000).[26] Kittitas County has not met the Healthy People 2010 Target of 25 cases of diabetes per 1,000 adults.[59]



Youth Asthma Hospitalizations



This is a measure of hospitalizations for youth 0-17 due to asthma complications.

Kittitas County has fewer asthma hospitalizations (56.9 per 100,000 population)[27] than Washington State (133.9 per 100,000 population)[27] or the nation (270 per 100,000 population).[27]

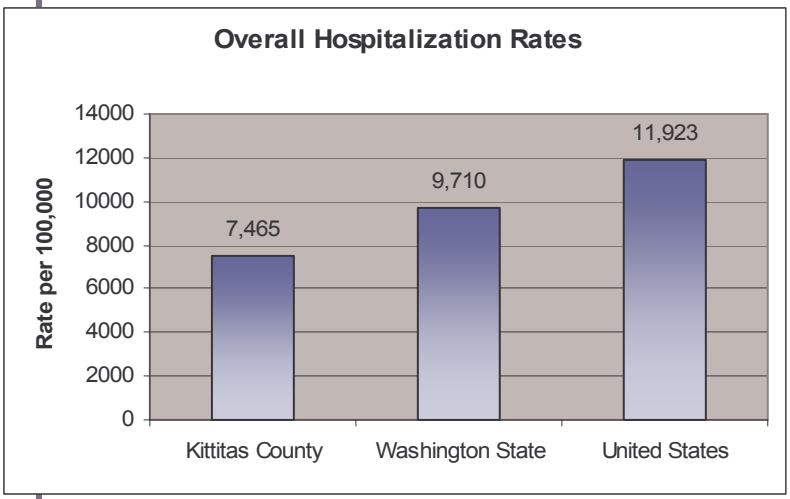
There is no Healthy People 2010 Target for this indicator.

Overall Hospitalization Rate

This is a measure of hospital discharges per 100,000 population.

Kittitas County has a lower hospitalization rate (7,465 per 100,000)[28] than Washington State (9,710 per 100,000)[28] and the United States (11,923 per 100,000)[28]. There is no Healthy People 2010 Target for this measure.

While reasons for hospital visits may vary between communities, a higher hospitalization rate is generally indicative of a greater incidence of death, illness, and injury.



DEATH, ILLNESS, AND INJURY

Death, illness, and injury indicators track the health of our community. Efforts to improve quality of life may impact death, illness, and injury rates. However, it is important to keep in mind that hospitalization data only capture the most severe cases that require inpatient treatment, thus under-estimating the true burden in our community.

Diabetes and asthma are chronic medical conditions that can be controlled, but can pose serious risks if they are not managed. Diabetes and asthma should be manageable when a person works with their doctor. When a patient's diabetes or asthma are not controlled, they may be more likely to seek help at a hospital instead of a clinic. Hospital visits use more resources and impact the individual's health more than a regular clinic visit because hospital patients represent the most severe cases and emergencies. A national rise in obesity has directly corresponded with a national rise in adult Type II diabetes. Public health is working to reduce the incidence of adult diabetes and asthma hospitalizations by working with medical providers and instituting educational campaigns.

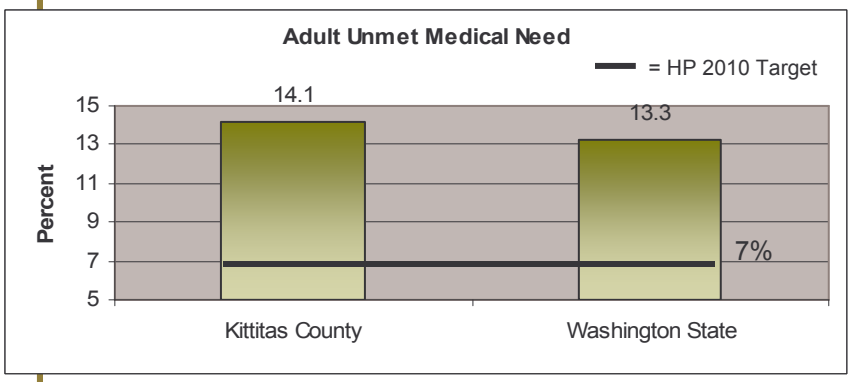
Indicator		Adult Diabetes	Youth Asthma Hospitalizations	Overall Hospitalization Rates
Source		DOH, CDC	VistaPHw, CDC	VistaPHw
		2005	2005	2005
Total				
	Kittitas County	50 per 1,000	56.9 per 100,000	7,465.9 per 100,000
	Washington State	70 per 1,000	133.9 per 100,000	9,710.4 per 100,000
	United States	80 per 1,000	270.0 per 100,000	11,923.0 per 100,000
	HP 2010 Target	25 per 1,000	n/a	n/a
Age				
	0-9		56.9 per 100,000	11,554.7 per 100,000
	10-17			1,550.6 per 100,000
	18-34			3,744.7 per 100,000
	35-44			4,319.4 per 100,000
	45-64			6,567.6 per 100,000
	65+			19,469.2 per 100,000
Sex				
	Male		27.8 per 100,000	6,583.8 per 100,000
	Female		87.2 per 100,000	8,432.9 per 100,000

MEDICAL ACCESS

Adult Unmet Medical Need: NOT MET ☹

This is a measure of adults who report being unable to attain medical care due to cost.

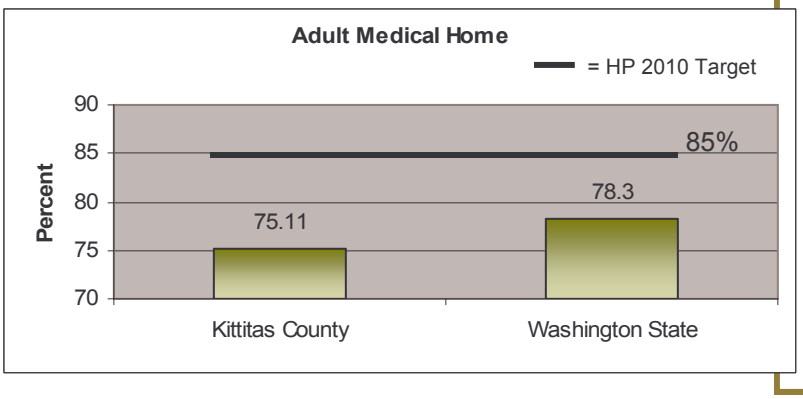
The percentage of adults in Kittitas County reporting unmet medical needs (14.1%)[29] is similar to the Washington State rate (13.3%).[29] National data is not available for this indicator. Kittitas County has not met the Healthy People 2010 target of 7% unmet medical need.[59]



Adult Medical Home : NOT MET ☹

This is a measure of adults who report a regular source of health care. Adults with a medical home are more likely to access preventive care services.

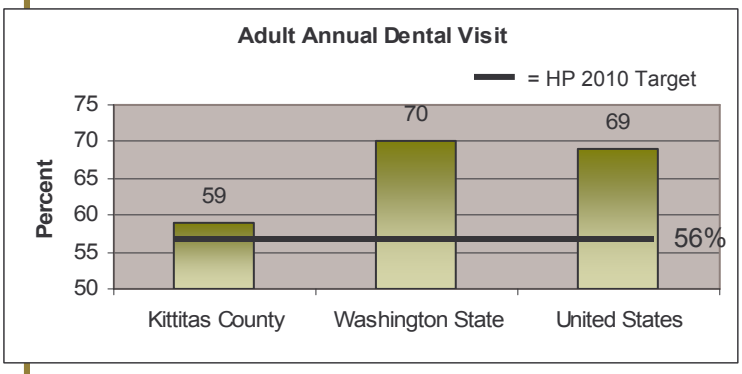
The percentage of adults in Kittitas County with a regular source of health care (75.1%)[30] is slightly lower than the Washington State rate (78.3%).[30] Kittitas County has not met the Healthy People 2010 target of 85% of adults with regular health care.[59]



Adult Annual Dental Visit: MET ☺

This is a measure of adults who report visiting a dentist in the last 12 months.

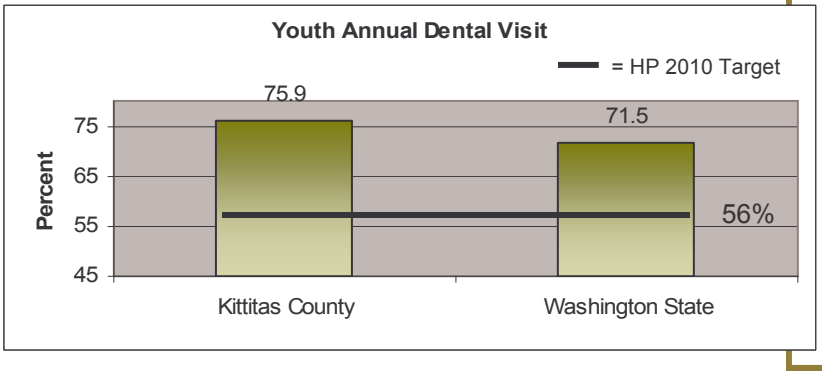
Fewer adults in Kittitas County visited the dentist in the last year (59.0%)[31] than in Washington State (70.0%)[31] or the United States (69.0%).[31] Kittitas County has met the Healthy People 2010 target of 56% of adults visiting a dentist annually.[59]



Youth Annual Dental Visit: MET ☺

This is a measure of tenth graders who report visiting a dentist in the last year.

More Kittitas County youth visited the dentist in the last year (75.9%)[32] than in Washington State (71.5%).[32] National data is not available for this indicator. Kittitas County has met the Healthy People 2010 target of 56% annual youth dental visits.[59]



MEDICAL ACCESS

Medical Access is a measure of how easily residents of a community can obtain preventative care or treatment for medical or dental issues. Adults with regular access to medical and dental care tend to report better overall health.

Dental visits are a telling measure of medical access. Many insurance plans include medical coverage but no dental, leaving many people on their own to find dental coverage or pay out of pocket expenses. Annual dental visits are important for regular cleanings and screenings for cavities and gum disease. If cavities are left untreated they can progress into more serious tooth decay, causing infection and eventually total elimination of the tooth. New medical research has linked oral health with total physical health, increasing the importance of regular dental care.

Significantly more adults 18-44 report unmet medical needs than their older counterparts. In Kittitas County, adults with an income above 200% of the federal poverty level are significantly more likely to have a medical home than those with a lower income. Adults 45 years and older are also significantly more likely to have a medical home than younger adults.

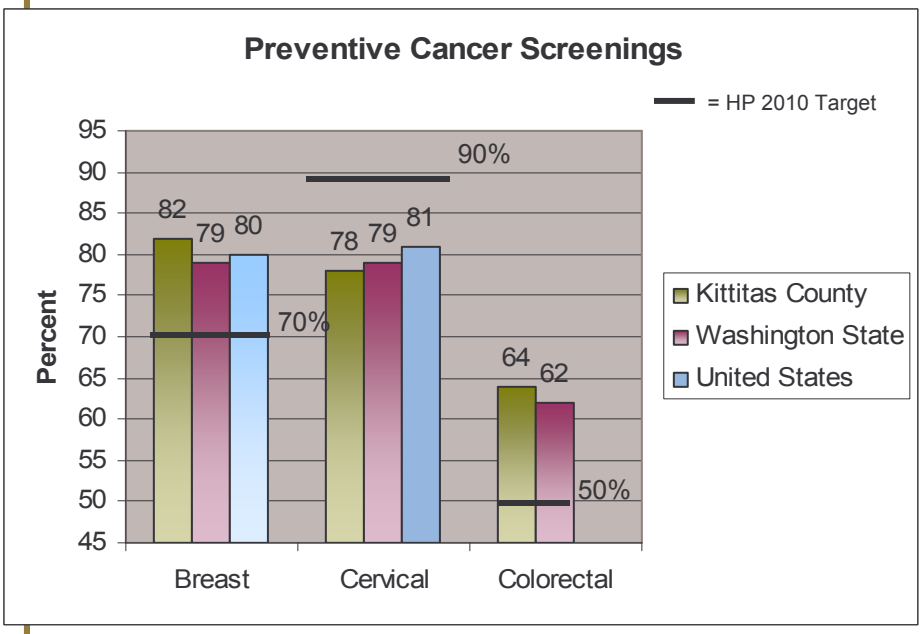
Indicator		Adult Unmet Medical Need	Adult Usual Source of Health Care	Adult Annual Dental Visit	Youth Annual Dental Visit
Source		BRFSS	BRFSS	BRFSS	Healthy Youth Survey
		2005	2005	2004	2006
Total					
	Kittitas County	14.1%	75.1%	59.0%	75.9%
	Washington State	13.3%	78.3%	70.0%	71.5%
	United States	n/a	n/a	69.0%	n/a
	HP 2010 Target	7.0%	85.0%	56.0%	56.0%
Age					
	18-44	22.79%	63.7%		
	45-64	3.82%	84.6%		
	65+	5.31%	96.4%		
Sex					
	Male	8.7%	70.0%		77.9%
	Female	18.73%	79.5%		78.7%
Income					
	<=100 - 200% FPL	16.44%	66.3%		
	>200% FPL	12.3%	82.3%		
Education					
	0 - 12 years (up to high school graduate)	12.46%	73.2%		
	12+ years (some college, college graduate, or higher)	14.98%	76.3%		
Race					
	Caucasian				76.7%
	Hispanic				92.3%
Location					
	Upper County				76.3%
	Lower County				79.1%

MEDICAL ACCESS

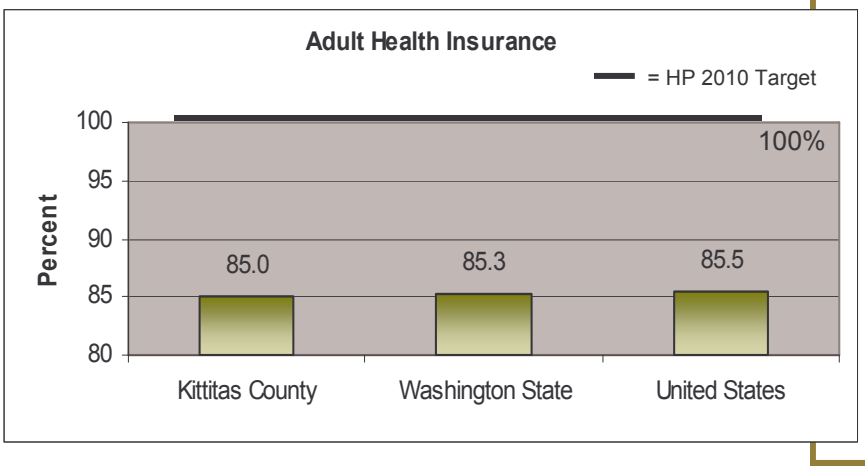
Preventive Cancer Screenings

This is a measure of adults receiving preventive cancer screenings. Specifically, breast cancer screening includes women ages 40 and older who report having a mammogram within the past two years. Cervical cancer screening includes women ages 18 and older who report having a Pap test in the past three years. Colorectal cancer screening includes adults ages 50 and older who report having a blood stool test in the past year, a sigmoidoscopy in the past five years, or a colonoscopy in the past 10 years.

The rates of preventive cancer screenings in Kittitas County is similar to the state and national rates.[33] Kittitas County has met the Healthy People 2010 target for breast and colorectal cancer screenings, but not for cervical cancer screening.[59]



Adult Health Insurance: NOT MET ☹



This indicator is a measure of adults who report health care coverage, including health insurance, HMOs, Medicaid, and Medicare.

The percent of adults in Kittitas County with insurance (85.0%)[34] is similar to the rate in Washington State (85.3%)[34] and the United States (85.5%).[34] Kittitas County has not met the Healthy People 2010 Target of 100% of adults with health care coverage.[59]

Youth Health Insurance

This is a measure of children who are covered by a health insurance plan. There is no data available for 2007.[35] The Healthy People 2010 target is to have 100% of American children covered by health insurance.[59]
Children with health insurance are more likely to visit the doctor for well-child visits to ensure proper growth and development, and are more likely to seek medical treatment when ill.

MEDICAL ACCESS

Medical Access is a measure of how easily residents of a community can obtain preventative care or treatment for medical or dental issues. Adults with regular access to medical and dental care tend to report better overall health.

One of the largest determining factors in obtaining medical care is health insurance. With the rising costs of medical care, the importance of health insurance is also increasing. Medicare, Medicaid, and the Children's Health Insurance Plan (CHIP) are federal programs that help low income and elderly patients obtain medical care, but with only 85.5% of the country insured, there is work to be done. The most efficient and effective health care is practicing preventive health care.

In Kittitas County, adults 18-44 years old are significantly less likely to have health care coverage than adults 45 years and older.

Indicator		Adult Preventive Cancer Screening Breast	Adult Preventive Cancer Screening Cervical	Adult Preventive Cancer Screening Colorectal	Adult Health Insurance	Children Health Insurance
Source		BRFSS	BRFSS	BRFSS	BRFSS	CDC
		2004-2006	2004-2006	2004-2006	2005	2003
Total						
	Kittitas County	82.0%	78.0%	64.0%	85.0%	
	Washington State	79.0%	79.0%	62.0%	85.3%	
	United States	80.0%	81.0%		85.5%	
	HP 2010 Target	70.0%	90.0%	50.0%	100.0%	100.0%
Age						
	18-44				77.3%	
	45-64				91.2%	
	65+				100.0%	
Sex						
	Male				85.7%	
	Female				84.5%	
Income						
	<=100 - 200% FPL				77.0%	
	>200% FPL				91.7%	
Education						
	0 - 12 years (up to high school graduate)				82.8%	
	12+ years (some college, college graduate, or higher)				86.4%	

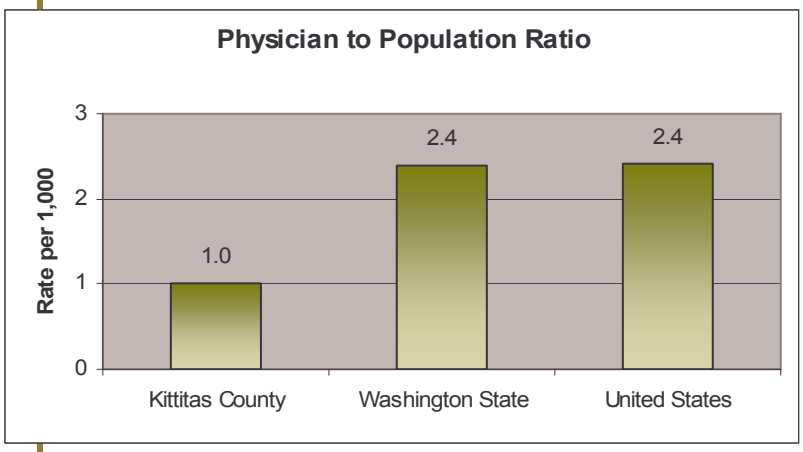
MEDICAL ACCESS

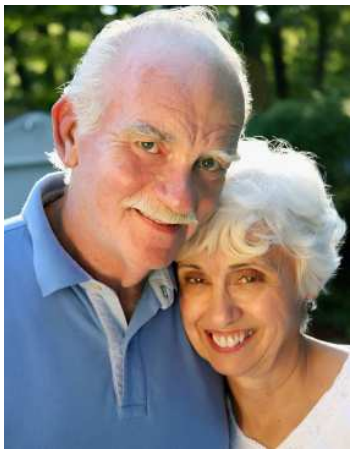
Physician to Population Ratio

This is a measure of the ease with which a person can find a physician. The higher the physician to population ratio, the easier it should be for patients to find a physician.

In Kittitas County, the physician to population ratio (1 per 1,000)[36] is less than half the ratio in Washington State (2.4 per 1,000)[36] and the United States (2.4 per 1,000).[36] There is no Healthy People 2010 target for this indicator.

Kittitas County has been designated a medical provider shortage area by Washington State because of the low physician to population ratio.



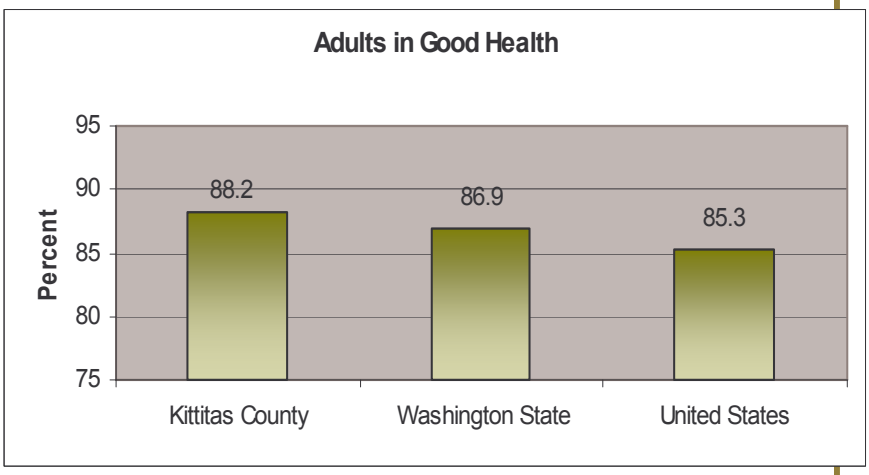


Adults in Good General Health

This is a measure of adults who report their general health to be Good, Very Good, or Excellent.

Kittitas County adults are generally healthier (88.2%)[37] than the rate in Washington State (86.9%)[37] and the United States (85.3%).[37] There is no Healthy People 2010 target for this indicator.

Health status is a good measure of quality of life.



MEDICAL ACCESS

Medical Access is a measure of how easily residents of a community can obtain preventative care or treatment for medical or dental issues. Adults with regular access to medical and dental care tend to report better overall health.

Rural areas across the nation struggle to employ enough physicians to meet the needs of the community, and Kittitas County is no different. With a physician to population ratio of 1:1,000, each physician is asked to see twice the number of patients as a physician elsewhere in Washington State, where the ratio is 2.4:1,000. This unreasonable demand leaves many residents unable to find a medical provider.

Indicator		Physicians per 1000 Population	Adults with Good, Very Good, or Excellent Health
Source		NW Area Found.	BRFSS
		2004	2004
Total			
	Kittitas County	1.0 per 1,000	88.2%
	Washington State	2.4 per 1,000	86.9%
	United States	2.4 per 1,000	85.3%
	HP 2010 Target	n/a	n/a
Age			
	18-44		93.8%
	45-64		89.9%
	65+		72.9%
Sex			
	Male		89.6%
	Female		89.2%
Income			
	<=100 - 200% FPL		87.2%
	>200% FPL		91.7%
Education			
	0 - 12 years (up to high school graduate)		84.1%
	12+ years (some college, college graduate, or higher)		91.9%

For more information, please contact the Kittitas County Public Health Department Assessment Coordinator at 509-962-7515 or communityassessment@co.kittitas.wa.us.

ENVIRONMENTAL HEALTH

Food Inspections

There is no data for this measure in 2007, but it has been added to the indicator list for its significant impact on the public's health. Data should be available in future reports.[38]

This will be a measure of food establishments with 35 points or more in critical violations. The points are based on a statewide scoring sheet, and a higher score indicates a higher risk of infecting patrons with a food borne illness.

Solid Waste

There is no data for this measure in 2007, but it has been added to the indicator list for future publications. Data should be available in future reports.[39]

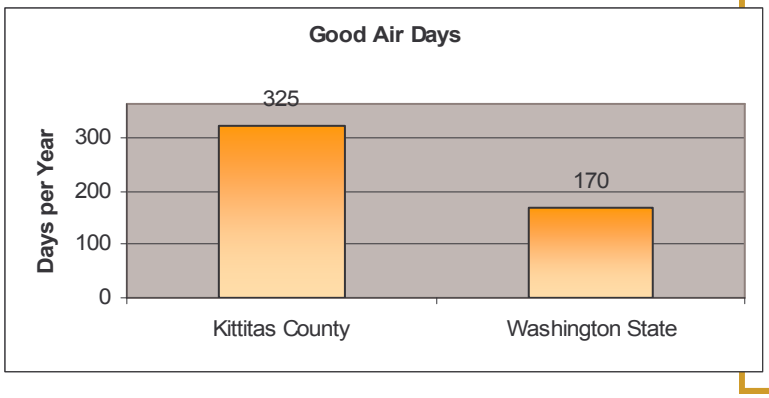
This will be a measure of solid waste facilities in compliance with their permit conditions. Solid waste facilities need to be in compliance to prevent toxic leaks into the soil, air, or water, ultimately preserving the health of the public.

Corrected On Site Sewage Failures

There is no data for this indicator in 2007, but it has been added to the indicator list for future indicator reports. Data should be available in future reports.[40]

This will be a measure of failed on site sewage systems initiating corrective action within two weeks of system failure. The likelihood of contracting a sewage related disease decreases the faster a failed sewage system is repaired.

Good Air Days



This is a measure of the number of "good" air days, as defined by the Department of Ecology.

Kittitas County had 325 good air days in 2006, compared to only 170 good air days across Washington State.[41]

There is no national data or Healthy People 2010 Target for this indicator.

ENVIRONMENTAL HEALTH

Environmental Health indicators are a new addition to our Key Health Indicators, and as a result there is little data available for this baseline report. The indicators included here are intended to provide a snapshot of public health's work in the environment. The "Good Air Days" indicator was added at the request of the community.

Data collection in Environmental Health is difficult at a county, state, and national level, because there is no standardized reporting system for environmental health factors as there is for communicable disease or other indicators.

Indicator		Inspections of Food Establishments with 35+ Violation	Compliant Solid Waste Facilities	On Site Sewage Failures Corrected	Good Air Days per Year
Source					DOE
					2006
Total					
	Kittitas County				325.0
	Washington State				170.0
	United States				n/a
	HP 2010 Target				n/a

Top Ten Reasons for Food Borne Illness

1. Infected or ill food worker
2. Bare hand contact
3. Ingesting contaminated food
4. Unknown cause
5. Contaminated raw products
6. Cross contamination
7. Slow cooling
8. Improper reheating
9. Hand washing
10. Room temperature storage

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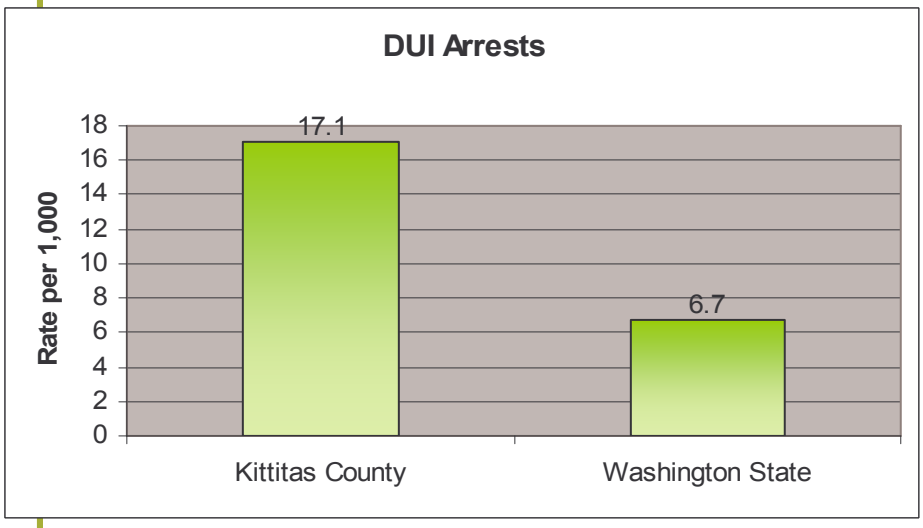
SOCIAL AND MENTAL HEALTH

DUI Arrests

This is a measure of arrests for Driving Under the Influence, or DUI.

The DUI arrest rate is higher in Kittitas County (17.1 per 1,000)[42] than Washington State (6.7 per 1,000).[42] National data is not available for this indicator. There is no Healthy People 2010 target for this indicator.

It is not known if the DUI rate is higher in Kittitas County due to a higher incidence of drunk driving, or because the police force has made a targeted effort to curb drunk driving. Any change in this indicator must be carefully evaluated.

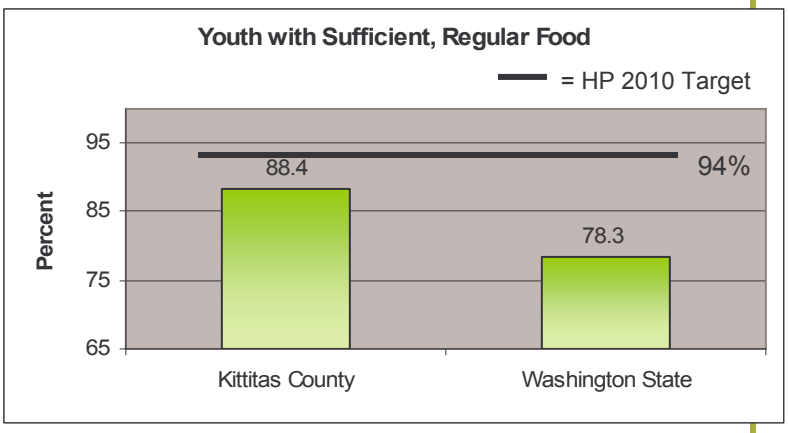


Youth with Sufficient, Regular Food: Not Met ☹

This is a measure of 10th grade students who report never skipping meals or eating less due to financial shortcomings.

More students in Kittitas County have sufficient, regular food (88.4%)[43] than students in Washington State (78.3%).[43] National data is not available for this indicator. Kittitas County has not met the Healthy People 2010 Target of 94% of students with sufficient, regular food.[59]

While food banks and other charities help address this issue, food access is still a worry for more than one in ten Kittitas County youth.

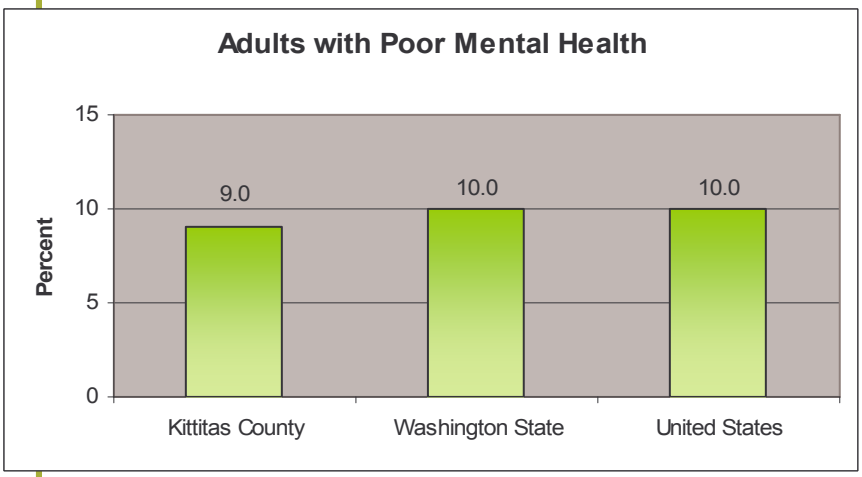


Adult Mental Health

This is a measure of adults ages 18 and older who report poor mental health for 14 or more days in the last month. Mental health includes stress, depression, and problems with emotions.

Fewer Kittitas County adults report poor mental health (9.0%)[44] than adults in Washington State (10.0%)[44] or the United States (10.0%).[44] There is no Healthy People 2010 target for this indicator.

Mental health is an indicator of quality of life.



SOCIAL AND MENTAL HEALTH

Social and mental health indicators are difficult to track and interpret because they are so complex and impacted by a variety of factors. For example, a changing rate of DUI arrests could be due to an increase or decrease in the number of drunk drivers, or it could be caused by an increase or decrease in police DUI patrols. These indicators are to be used as benchmarks to provide a snapshot of Kittitas County. Community organizations and individuals are welcome to investigate the cause and effect relationship behind the indicators, but for purposes of this report we will report only the rates and percentages associated with each indicator.

Adult Mental Health is a self-reported measure, which in some aspects makes it more accurate and in others less accurate. If an individual believes they have poor mental health, regardless of a professional's opinion, they will likely live their life with the handicap a mental illness can produce. Alternatively, some individuals may not know they have poor mental health, or may not identify the issue as such. As there is no way to avoid this problem when collecting mental health data, the reader must keep this caveat in mind.

Indicator		DUI Arrests	Youth with Sufficient, Regular Food	Adult Mental Health
Source		WA Courts	Healthy Youth Survey	BRFSS
		2006	2006	2004-2006
Total				
	Kittitas County	17.1 per 1,000	88.4%	9.0%
	Washington State	6.7 per 1,000	78.3%	10.0%
	United States	n/a	n/a	10.0%
	HP 2010 Target	n/a	94.0%	n/a
Sex				
	Male		84.8%	
	Female		92.1%	
Race				
	Caucasian		87.1%	
	Hispanic		n/a	
Location				
	Upper County		89.7%	
	Lower County		87.8%	

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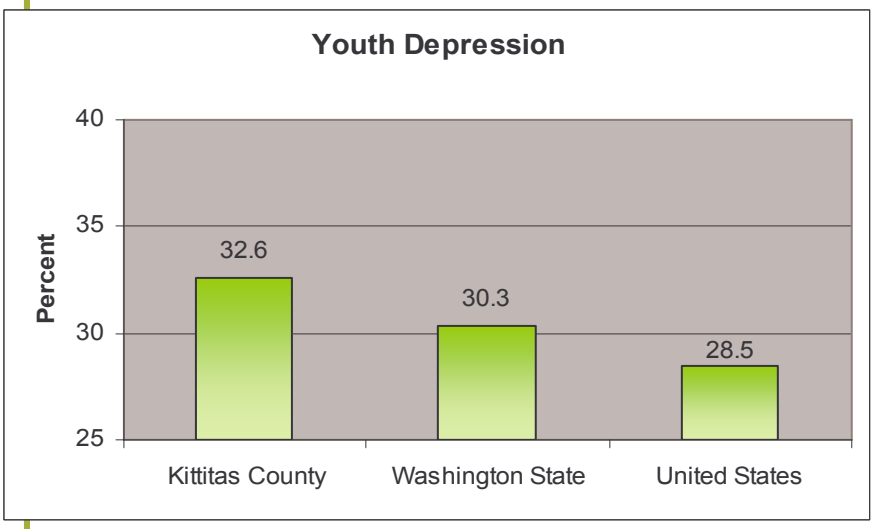
SOCIAL AND MENTAL HEALTH

Youth Depression

This is a measure 10th grade students who report feeling so sad or hopeless every day for at least two weeks that they stopped doing some normal activities. This is called a depressive episode, which is used to measure youth depression.

There is a higher rate of youth depression in Kittitas County (32.6%)[45] than in Washington State (30.3%)[45] or the United States (28.5%).[45] There is not a Healthy People 2010 target for this measure.

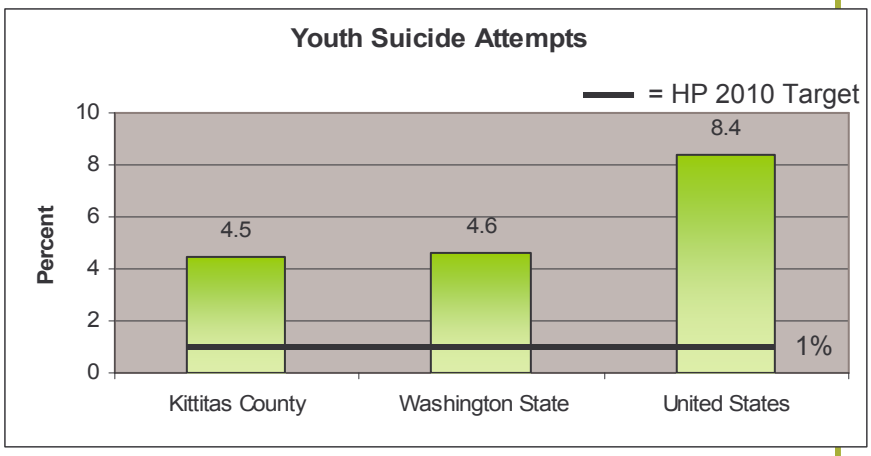


Youth Suicide Attempts: Not Met ☹

This is a measure of 10th grade students who report attempting suicide in the last 12 months.

Fewer students in Kittitas County report attempting suicide (4.5%)[46] than in Washington State (4.6%)[46] or the United States (8.4%).[46] Kittitas County has not met the Healthy People 2010 target of 1% of 10th grader attempting suicide.[59]

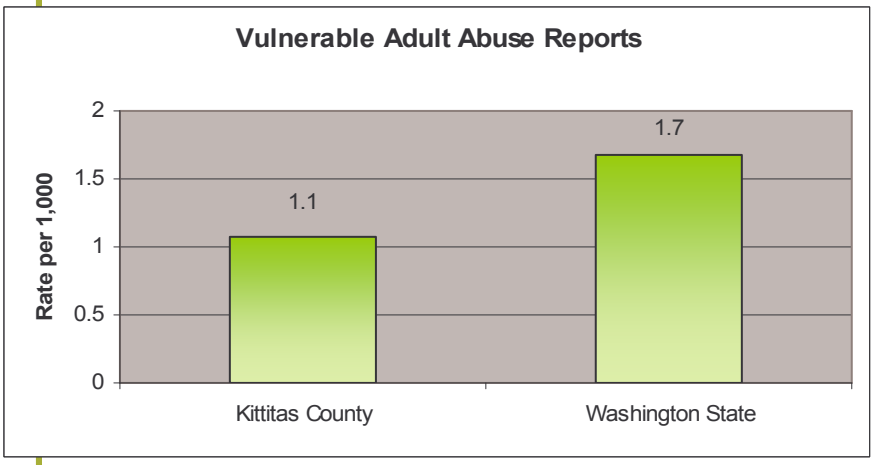
Generally youth depression and youth suicide attempts follow the same trends, as depression often appears as the precursor to attempted suicide.



Vulnerable Adult Abuse Referrals

This is a measure of abuse referrals accepted by the Department of Social and Human Services for vulnerable adults. Vulnerable adults include seniors and those with developmental or other disabilities. Abuse can be physical, emotional, financial, neglectful, or sexual.

Fewer vulnerable adult abuse referrals were accepted in Kittitas County (1.1 per 1,000 population)[47] than in Washington State (1.7 per 1,000 population).[47] There is no national data or Healthy People 2010 target for this indicator.



SOCIAL AND MENTAL HEALTH

Social and mental health indicators are difficult to track and interpret because they are so complex and impacted by a variety of factors. For example, a change in Vulnerable Adult Abuse Referrals Accepted could be caused by an increase or decrease in actual vulnerable adult abuse, or it could be impacted by an increased vigilance of mandated reporters and other concerned friends, family, or neighbors. Without further investigation it is difficult to determine the cause of a social and mental health trend.

Youth depression and suicide attempts are self reported measures on the Healthy Youth Survey. The questions asked specifically "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" and "During the past 12 months, did you actually attempt suicide?" One in three tenth graders reported a depressive episode and one in twenty reporting attempting suicide. Significantly more Hispanic students report a depressive episode than their non-Hispanic counterparts.

Indicator		Youth Depression	Youth Suicide Attempts	Vulnerable Adult Abuse Referrals Accepted
Source		Healthy Youth Survey	Healthy Youth Survey	DSHS
		2006	2006	2004
Total				
	Kittitas County	32.6%	4.5%	1.1 per 1,000
	Washington State	30.3%	4.6%	1.7 per 1,000
	United States	28.5%	8.4%	n/a
	HP 2010 Target	n/a	1.0%	n/a
Sex				
	Male	28.0%	1.4%	
	Female	36.0%	7.9%	
Race				
	Caucasian	32.5%	4.2%	
	Hispanic	33.3%	7.1%	
Location				
	Upper County	36.9%	10.0%	
	Lower County	30.6%	2.2%	

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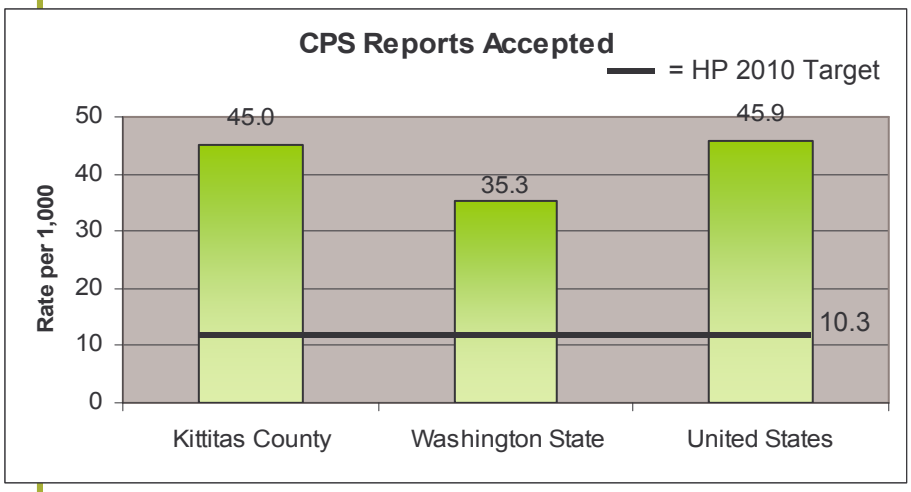
SOCIAL AND MENTAL HEALTH

CPS Reports Accepted: Not Met ☹

This is a measure of reports accepted by Child Protection Services, and captures both child abuse and neglect, and the audacity of abuse reporters.

More CPS reports are accepted in Kittitas County (45.0 per 1,000 population)[48] than in Washington State (35.3 per 1,000 population),[48] but similar to the United States (45.9 per 1,000).[48] Kittitas County has not met the Healthy People 2010 target of 10.3 referrals per 1,000 population.[59]

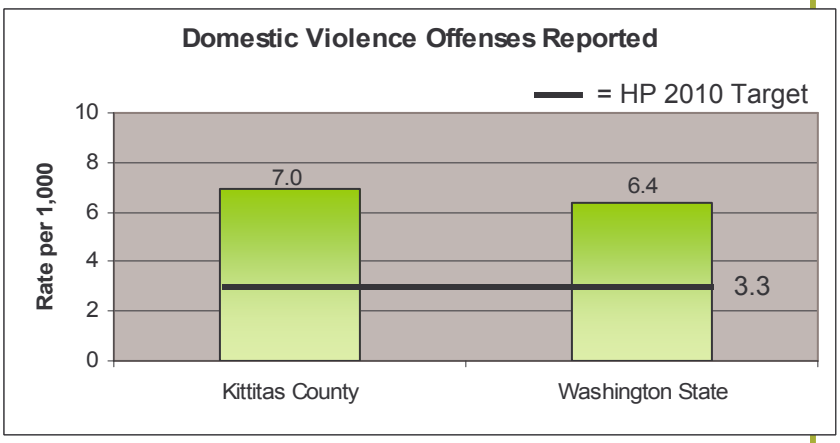


Domestic Violence Offenses: Not Met ☹

This is a measure of domestic violence incidents for which the police were called.

The rate of domestic violence offenses in Kittitas County (7.0 per 1,000 population)[49] is slightly higher than the Washington State rate (6.4 per 1,000).[49] National data is not available for this indicator. Kittitas County has not met the Healthy People 2010 target of 3.3 *incidents* per 1,000 people.[59]

Offenses are not inclusive of all domestic violence incidents, but at this time it is the best available measure. The Healthy People 2010 target measures incidents, not offenses.

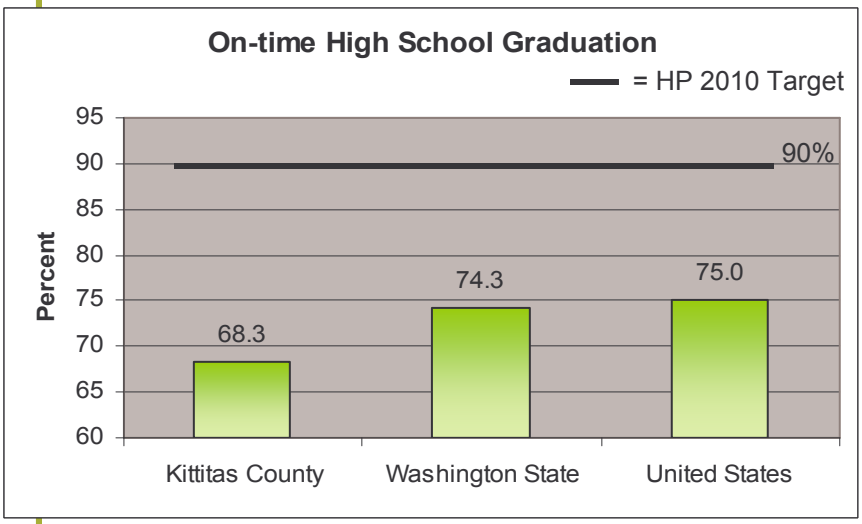


High School Graduation Rates: Not Met ☹

This is a measure of youth who graduate from high school with a high school diploma in four years .

The high school graduation rate in Kittitas County (68.3%)[50] is lower than rate in Washington State (74.3%)[50] and the United States (75.0%).[50] Kittitas County has not met the Healthy People 2010 target of 90% high school graduation rate.[59]

Adults with at least a high school diploma tend to be healthier, earn higher wages, and live longer than those without a high school diploma.



SOCIAL AND MENTAL HEALTH

Social and mental health indicators are difficult to track and interpret because they are so complex and are impacted by a variety of factors. For example, a change in the rate of domestic violence offenses or CPS reports accepted could be due to an increase or decrease in the number of actual incidents of domestic violence or child abuse, or it could be the result of increased vigilance by mandated reporters and concerned friends, neighbors, family, and law enforcement. It is impossible know without further investigation; in this report, rates are reported without speculation.

Domestic violence and child abuse are difficult indicators to track accurately because only a fraction of incidents are reported. Often a domestic violence victim will only report an incident if they fear for their safety, or the safety of their children. Domestic violence can be physical, emotional, or mental, and can be perpetrated by and directed toward both men and women. Domestic violence most often occurs between intimate partners, but can also include other family members. High School graduation rates show a commitment by the community to provide adequate educational opportunities for youth to prepare them for the working world.

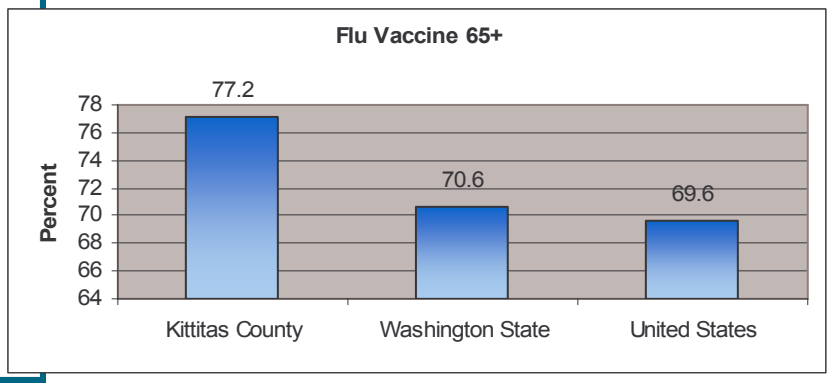
Indicator		CPS Reports Accepted	Domestic Violence Offenses	High School Graduation
Source		DSHS	WASPC	OSPI
		2005	2005	2005
Total				
	Kittitas County	45.0 per 1,000	7.0 per 1000	68.3%
	Washington State	35.3 per 1,000	6.4 per 1000	74.3%
	United States	45.9 per 1,000	n/a	75.0%
	HP 2010 Target	10.3 per 1,000	3.3 per 1000	90.0%

COMMUNICABLE DISEASE

65+ Flu Vaccine

This is a measure of adults ages 65 and older who received a seasonal flu vaccine last year.

More seniors in Kittitas County received their seasonal flu shot (77.2%)[51] than seniors in Washington State (70.6%)[51] or the United States (69.6%).[51] There is no Healthy People 2010 target for this measure.



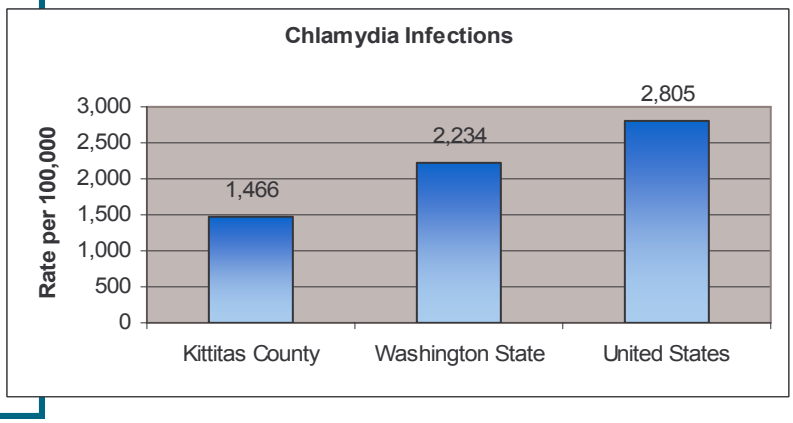
Children Immunization Status

There is no data available for this indicator; data collection will start in 2007. The Healthy People 2010 Target is that 95% of children will have up-to-date immunization status.[59]

Rate of Chlamydia Infection (15-24)

This is a measure of diagnosed Chlamydia among women ages 15 to 24 years. Women ages 15-24 have the highest Chlamydia rates.

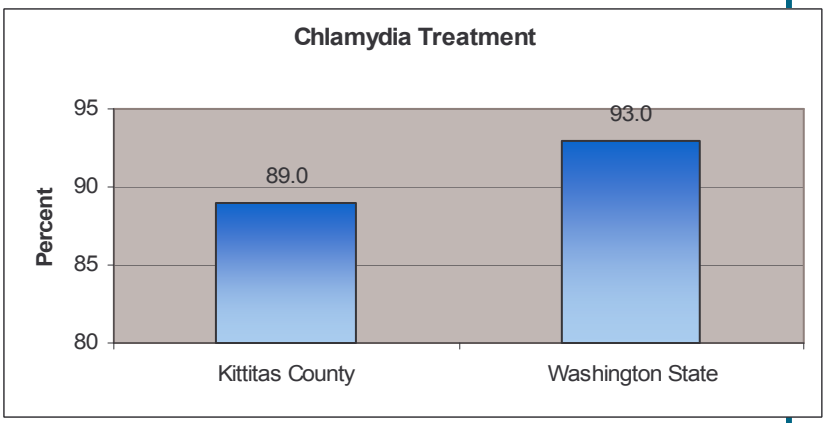
Kittitas County has a lower rate of Chlamydia infections (1,466 per 100,000)[53] than Washington State (2,234 per 100,000)[53] and the United States (2,805 per 100,000).[53] There is no Healthy People 2010 target for this indicator.



Chlamydia Treatment (15-24)

This is a measure of treated Chlamydia cases among women ages 15-24. State and national screening recommendations target women 15-24. Women in this age group have the highest Chlamydia rates.

Fewer Chlamydia cases are treated in Kittitas County (89.0%)[54] than in Washington State (93.0%).[54] National data is not available for this indicator. There is no Healthy People 2010 target for this indicator.



COMMUNICABLE DISEASE

Communicable disease is any disease, bacteria or virus, that can be spread from one person to another. Chronic conditions like asthma are not communicable diseases. While great strides have been made in the last two centuries to eradicate communicable diseases, there is still work to be done.

Vaccines are one of the easiest ways to prevent the spread of communicable diseases. The influenza vaccine, available every fall, is a very effective way to avoid becoming infected with the seasonal influenza virus. This is especially important for those over 65 years, whose immune systems tend to be weaker, making them more susceptible to the influenza virus. Ensuring that all children receive their recommended childhood vaccines can prevent many serious and life-threatening diseases later in life, and can help reduce the spread of disease. If all children are vaccinated, eventually the disease will not be able to spread, and will be eradicated.

Chlamydia is the most common sexually transmitted disease (STD), most common among young people 15 to 24 years. For this indicators report, only female infections are reported because women are more likely to be screened for Chlamydia during annual pap smears, while men have to visit an STD clinic specifically for testing. As Chlamydia often shows no signs, many cases go untreated and unreported. If untreated, Chlamydia can lead to Pelvic Inflammatory Disease, or PID, which can cause sterility in some.

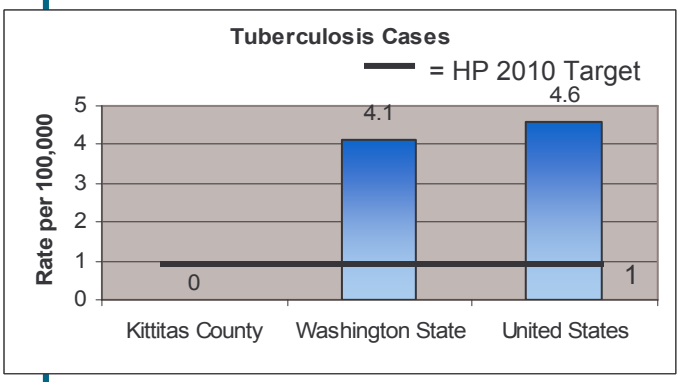
Indicator		65+ Flu Vaccine	Children Immunization Status	Chlamydia (15-24)	Chlamydia Treatment (15-24)
Source		BRFSS		DOH, CDC	DOH, CDC
		2006		2004-2006	2004-2006
Total					
	Kittitas County	77.2%		1,466 per 100,000	89%
	Washington State	70.6%		2,234 per 100,000	93%
	United States	69.6%		2,805 per 100,000	n/a
	HP 2010 Target	n/a		n/a	n/a

COMMUNICABLE DISEASE

Tuberculosis: MET ☺

This is a measure of diagnosed cases of Tuberculosis.

The rate of Tuberculosis cases is lower in Kittitas County (0.0 per 100,000)[56] than in Washington State (4.1 per 100,000)[56] and the United States (4.6 per 100,000).[56] Kittitas County has met the Healthy People 2010 target for Tuberculosis of 1 case per 100,000 people.[59]



Vaccine Preventable Diseases

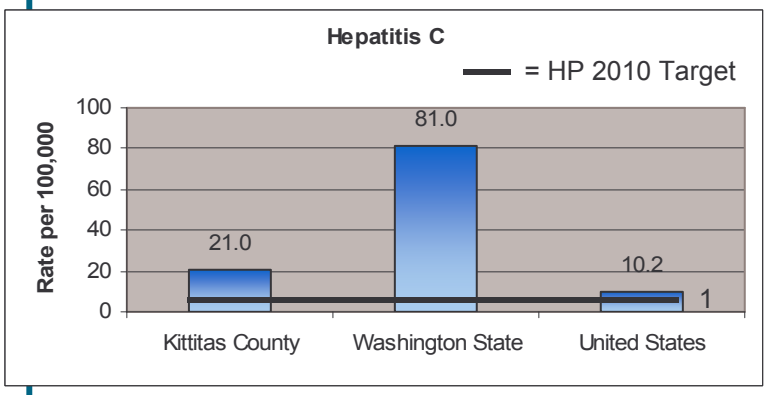
This is a measure of cases of vaccine preventable diseases. Reportable vaccine preventable diseases, for purposes of this report, include Haemophilous Influenza, Hepatitis A, Hepatitis B, Measles, Mumps, Pertussis, Rubella, and Tetanus.

The Healthy People 2010 target for all vaccine preventable diseases is 0 cases per year in the United States:[59] there were 37,945 cases in 2005.[55]

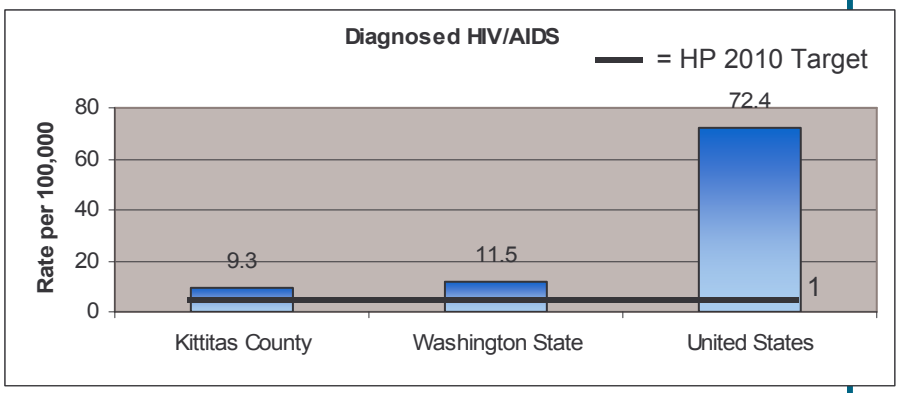
Hepatitis C

This is a measure of Hepatitis C cases per 100,000 population.

The rate of Hepatitis C infection is lower in Kittitas County (21.0 per 100,000)[57] than in Washington State (81.0 per 100,000)[57] but higher than the national rate (10.2 per 100,000).[57] Kittitas County has not met the Healthy People 2010 target of one case per 100,000 population.[59]



HIV / AIDS: Not Met ☹



This is a measure of newly diagnosed HIV/ AIDS infections in the last year.

There were fewer HIV/AIDS cases diagnosed in Kittitas County (9.3 per 100,000)[58] than in Washington State (11.5 per 100,000)[58] and the United States (72.4 per 100,000).[58] Kittitas County has not met the Healthy People 2010 target of one newly diagnosed case of HIV per 100,000 population.[59]

COMMUNICABLE DISEASE

Communicable disease is any disease, bacteria or virus, that can be spread from one person to another. Chronic conditions like asthma are not communicable diseases. While great strides have been made in the last two centuries to eradicate communicable diseases, there is still work to be done. A cooperative effort between scientists, researchers, medical practitioners, public health professionals, governmental agencies, and the public eradicated Small Pox during the last century—this cooperation needs to continue to eradicate diseases such as Tuberculosis, Hepatitis C, HIV/ AIDS, and others.

One of the greatest threats of communicable diseases today are the emergence of drug resistant strains of various diseases. Drug resistant Tuberculosis, for example, is exactly as it sounds—a strain of Tuberculosis that is resistant to drugs that have been used previously to treat Tuberculosis. These strains are spread as easily as the non-drug resistant strains, but are untreatable.

Hepatitis C is often spread through sharing needles to use intravenous drugs or using dirty needles to administer tattoos. Therefore, to stop the spread of the disease, education is provided to people at risk for either of these behaviors.

In 2006 there were 734 new cases of HIV diagnosed in Washington State, and 212,579 cases in the United States. While new drug concoctions have helped many HIV positive patients live long, relatively healthy lives, there is significant education needed to prevent HIV negative people from becoming infected.

Indicator		Tuberculosis	Hepatitis C (chronic)	HIV/AIDS
Source		DOH	PHIMS, DOH	DOH, CDC
		2006	2004-2006	2006
Total				
	Kittitas County	0 cases per 100,000	21.0 per 100,000	9.29 per 100,000
	Washington State	4.1 per 100,000	81.0 per 100,000	11.5 per 100,000
	United States	4.6 cases per 100,000	10.2 per 100,000	72.4 per 100,000
	HP 2010 Target	1 case per 100,000	1 case per 100,000	1 case per 100,000

Vaccine Preventable Disease	Haemo Flu	Hep A	Hep B	Measles	Mumps	Pertussis	Rubella	Tetanus	TOTAL
Kittitas County	0	0	0	0	n/a	5 (13.7)	n/a	n/a	5
Washington State	5 (1.2)	63 (1)	80 (1.3)	1 (0)	3 (0)	1,026 (16.4)	1 (0)	1 (0)	1180
United States	2,304 (1)	4,488 (1.55)	5,119 (1.77)	66 (0)	314 (0)	2,5616 (8.88)	11 (0)	27 (0)	37,945
HP 2010 Target	0	0	0	0	0	0	0	0	0

* Number in parenthesis (#) is the rate per 100,000 population

DATA SOURCES

1	% 10th Graders who Report Smoking in Last 30 Days	Healthy Youth Survey; Youth Risk Behavior Survey
2	% Adults who Report Smoking Every Day or Some Days	Behavioral Risk Factor Surveillance Survey
3	% 10th Graders who Report using Chew Tobacco in the last 30 days*	Healthy Youth Survey; Youth Risk Behavior Survey
4	% Adults who Report using any Illicit Drug in the last 30 Days (@ 200% FPL or below)*	Department of Health and Human Services
5	% 10th Graders who Report using any Illicit Drug in the Last 30 Days*	Healthy Youth Survey
6	% 10th Graders who Report Alcohol Consumption in Past 30 Days	Healthy Youth Survey; Youth Risk Behavior Survey
7	% Adults who Report Binge Drinking on 1 or more Occasions in the Past 30 Days	Behavioral Risk Factor Surveillance Survey
8	% 10th Graders who Report Binge Drinking on 1 or more Occasions in the Past 2 Weeks*	Healthy Youth Survey; Youth Risk Behavior Survey
9	% Adults who Report Eating Fruits and Vegetables 5 or More Times per Day	Behavioral Risk Factor Surveillance Survey
10	% 10th Graders who Report Eating Fruits and Vegetables 5 or More Times per Day*	Healthy Youth Survey; Youth Risk Behavior Survey
11	% Adults who Report Meeting Moderate or Vigorous Physical Activity	Behavioral Risk Factor Surveillance Survey
12	% 10th Graders who Report Meeting Vigorous Physical Activity	Healthy Youth Survey; Youth Risk Behavior Survey
13	% 10th Graders who are Overweight	Healthy Youth Survey; Youth Risk Behavior Survey
14	% Adults who are Obese and Overweight	Behavioral Risk Factor Surveillance Survey
15	% Pregnancies that were intended*	DSHS, CDC
16	Birth Rates of Females Ages 15-17 Years	DOH, CDC
17	% Low Birth Weight among Singletons (5.5 lbs)	DOH, CDC
18	Infant Mortality Rate per 1000 Births*	VistaPHw, CDC NCHS
19	Breastfeeding initiation and duration*	Washington WIC program
20	% Women Living in WA who Received Prenatal Care during 1st Trimester	Child Trends Data Bank
21	% Pregnant Women who Smoke during 2nd/3rd Trimester	CDC
22	% 2nd and 3rd Graders who Report ever having 1 or more Dental Cavities*	Smile Survey
23	Expected Years of Healthy Life at Age 20	DOH, BRFSS, Death Certificates, CDC
24	Unintentional Poisoning Hospitalization Rates per 100,000 (all ages)	VistaPHw, CDC
25	Unintentional Injury Hospitalization Rates (Age 0-17 Years)	VistaPHw, CDC
26	% Adults who Report Diagnosis of Diabetes	DOH, CDC
27	Asthma Hospitalization Rates (Ages 0-17)	VistaPHw, CDC
28	Overall hospitalization rates per 100,000*	VistaPHw, CDC
29	% Adults in Household who Report Unmet Medical Need due to Cost	Behavioral Risk Factor Surveillance Survey
30	% Adults who Report Usual Source of Health Care	Behavioral Risk Factor Surveillance Survey
31	% Adults who Report having Visited Dentist in Past Year	Behavioral Risk Factor Surveillance Survey
32	% 10th Graders who Report having Visited Dentist in Past Year*	Healthy Youth Survey
33	% Adults who Report Receiving Preventive Cancer Screenings (Breast, Cervical, Colo-rectal)	Behavioral Risk Factor Surveillance Survey
34	% Adults who Report having Health Insurance	Behavioral Risk Factor Surveillance Survey

DATA SOURCES

35	% Children who are reported as having health insurance	CDC
36	Number of Physicians per 1000 Residents*	NW Area Foundation
37	% of Adults who Report that their Health is Good, Very Good, or Excellent*	Behavioral Risk Factor Surveillance Survey
38	% Inspections of Permanent Food Establishments with 35 or more Critical Violations	n/a
39	% Permitted Solid Waste Facilities in Compliance with Permit Conditions	n/a
40	% Identified On-Site Sewage System Failures Initiated with Corrective Action within 2 Weeks	n/a
41	Number of "good" air days per year*	Washington State Department of Ecology
42	Number of DUI arrests per 1,000 population*	Washington Courts
43	% 10th Graders who did not have to skip or cut the size of meals in the last 12 months because there wasn't enough money for food. (% Children who had enough food to eat)*	Healthy Youth Survey
44	% of Adults who Report 14 or more Days of Poor Mental health in Past 30 Days	Behavioral Risk Factor Surveillance Survey
45	% 10th Graders who Reported a Depressive Episode in the Past 12 Months *	Healthy Youth Survey
46	% 10th Graders who Report Attempting Suicide in the Past 12 Months*	Healthy Youth Survey
47	# Vulnerable Adult Abuse Referrals Accepted per 1,000 population*	DSHS
48	Number of CPS Referrals Accepted per 1,000 population*	DSHS
49	Number of Domestic Violence Offenses*	WA Association of Sheriffs and Police Chiefs
50	High School Graduation Rates*	WA Office of Superintendent of Public Instruction
51	% Reported Influenza Vaccine during Previous Year (MF 65+)	Behavioral Risk Factor Surveillance Survey
52	% Children on Medicaid with Up-to-Date Immunization Status	n/a
53	Rate of Reported Chlamydia Infections (F 15-24)	DOH, CDC
54	% Reported Chlamydia Treatment (F 15-24)	DOH
55	Number of Vaccine Preventable Diseases*	Washington State Department of Health - Epi
56	Number of TB Cases*	Washington State Department of Health - Epi
57	Number of Hepatitis C Cases*	Washington State Department of Health - Epi
58	Number of HIV/AIDS Cases Diagnosed*	Washington State Department of Health - Epi
59	All Healthy People 2010 Target Measures	Healthy People 2010

*** are locally-added Key Health Indicators**

For more information, please contact the Kittitas County Public Health Department Assessment Coordinator at 509-962-7515 or communityassessment@co.kittitas.wa.us.

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KITTITAS COUNTY